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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL

OF

## MEDICINE AND SURGERY.

EDITED BY

JOHN V. SHOEMAKER, A.M., M.D.,

BOSTON MEDICAL LIBRARY ASSOCIATION.

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# THE MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

VOL. VII. PHLADELPHIA, JANUARY, 1885. No. 1.


## A CLINICAL LECTURE.

### *CYSTITIS IN THE FEMALE; ITS TREATMENT BY DILATATION.*

OPERATION FOR THE CLOSURE OF AN URETHRA TORN BY TOO HEROIC DILATATION—ABDOMINAL CARCINOMA AFTER OVARIOTOMY.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology in the University of Pennsylvania.
[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The case which I bring before you this morning is one of considerable interest to me, and will, I think, prove instructive to you.

This unfortunate woman had her last labor three years ago, and it, like her previous confinements, was a difficult one, requiring the use of instruments. After this labor she found that she was for some days unable to pass her water. This was followed by cystitis. Now let me say one word while on this subject. Whenever you have a patient, whether male or female, who has the water dribbling away, do not be caught as many physicians are, and suppose that the bladder is empty. This is often the dribbling from an over-distended bladder. Great mischief has been done and lives have even been lost by this mistake. In this case the nature of the difficulty was promptly recognized and the water drawn, but after convalescence she found that she had cystitis. This is by no means uncommon after a difficult labor, nor is it uncommon to have inability to pass water after an ordinary one. The cystitis, which had developed, went from bad to worse. She passed from one physician to another without receiving much benefit. She finally passed into the hands of an excellent surgeon, who dilated the urethra, but the dilatation did no good. This is an excellent plan in chronic cystitis and in those peculiar bladder troubles which cannot be exactly explained, but which are probably examples of nervous or hysterical bladders. There is, however, a drawback to the operation, and that is, that if the urethra is overstretched, permanent loss of control over the urine is liable to follow, and this is a grave accident. This is one reason why, in the case of calculus in the female, if the stone is larger in girth than the index finger and cannot be crushed, it is wiser to remove it through an opening made into the bladder than to remove it through the urethra. We had one case in the hospital last year in which a stone had been removed by a female practitioner of deserved eminence, in which stillicidium had resulted.

In the present case, the surgeon, finding that the dilatation had done no good, repeated the operation. This time the dilatation was very great and there has been considerable laceration of the urethra. This was not followed by relief, and this shows the excessively intractable character of the disease.

The surgeon then, very properly, made an opening into the bladder, forming an artificial vesico-vaginal fistula. This partly closed up and she sent for me. The story told me was such a pitiable one, that, although I am not much in the habit of visiting, I went to her house in an alley and found her in a wretched condition.

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Her face, as well as her story, plainly showed how much she had suffered. I brought her to the hospital and enlarged the opening into the bladder. I afterwards swabbed out the bladder with a solution of nitrate of silver, of the strength of one drachm to the ounce of distilled water. My assistant carried out this treatment, applying the nitrate of silver several times. The strength of the solution was gradually reduced, and she left the hospital much improved. She finally got so well that I closed up the opening into the bladder. The trouble now is that the dilatation of the urethra has been so great, that she has no control over the urine, which flows away as rapidly as it enters the bladder, and produces an excoriation, which is very distressing. I told her frankly that I was not sure that I could cure her, but that I thought that I could help her. The dilatation has involved the whole canal, and all the muscular fibres have been overstretched. The dilatation has been so great that although I narrow the urethra, I am afraid that I shall not gain much retentive power.

This urethra is very badly torn, the laceration being posterior; more commonly it is anterior.

When you have a case of nervous bladder, you do not at once go to work and perform the operation. The first thing to do is to treat the case for nervousness. The best treatment is the Rest-treatment, of which I have spoken so often. Put the patient to bed, have her manipulated, use electricity, give a milk diet, and, after a time, she will get a real appetite, and then she can be fed up. Women eat enormously under these circumstances. She grows fat and the cystitis disappears, for it was the evidence of lack of nutrition. As a German physiologist has said, "Pain is the cry of a starving nerve for food." By feeding the patient, you will find that this irritable and nervous bladder will become tractable, and, in the great majority of cases, a cure can be effected without an operation. There are some of these cases which cannot be cured, and the same is true of cystitis.

How are such cases to be treated? They are to be treated by forcible dilatation, but this operation is to be done with care. In regard to the extent of the dilatation, I should advise you to begin the dilatation with the uterine dilator, then introduce the little finger of the left hand and dilate to this extent, and only in bad cases dilate to the extent of the forefinger. My own forefinger is not very large, but yet I rarely dare to dilate to its full extent. Those who have a large index finger should not introduce it. In one case in which I used my forefinger the operation was followed by a partial loss of control. When the lady coughed or laughed there would be a little gush of urine, as time went on the condition improved, but she never gained full control. In my book, I say dilate to the extent of the forefinger, but I should advise you not to exceed the little finger. There are graduated urethral dilators for this purpose, which, on the whole, might be better and safer, but I have always done the operation with my finger. The amount of improvement which is secured in some cases is astonishing.

The only instance which I can recall in my professional career in which a patient paid me a larger sum than my bill, was in the case of a poor lady who had a dreadful cystitis, which obliged her to get up frequently during the night and disturbed her as frequently during the day. I dilated the urethra, which, while it did not effect an absolute cure, did such a deal of good, that when she came to pay my bill, which was a light one under the circumstances, she insisted upon paying me more. She said that the good which I had done her was worth much more than the amount of the bill.

Speaking of fees, reminds me of a story a friend of mine told me of one of his patients, who was very close in money matters and always disputed her bill. On one occasion there was a case of smallpox in the family and the doctor attended most faithfully. When the case had recovered, and he was asked for his bill, he decided to make out a good one to compensate him for his trouble, and thought that it might as well be large for there would be a scene at any rate. He made a pretty big charge, and, with some compunctions of conscience, awaited the effect. The lady sent for him, "Now," thought he, "I am in for it." The lady met him and handed him a check, saying, "Doctor, here is a check for the amount of your bill, and here is another check for a hundred dollars for your kind attention. I think you have made a very low charge." This was quite an agreeable surprise.

Let us go back from this digression, and speak of the treatment that is suitable for

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cystitis, especially in women. Fortunately, cystitis in the female is not so serious a disease as it is in the male. One reason is because in woman the urethra is shorter, being not over an inch and a half in length. There is no prostatic gland to complicate matters. The calibre of the female urethra is much larger than that of the male, and this fact, in connection with the shortness of the urethra, explains why a woman empties her bladder so quickly.

It is not always easy to draw the line between simple irritability of the bladder and a true inflammatory condition, for sometimes there will be a deposit in irritable bladder. Of course, if there is a large quantity of stringy mucus or pus, the nature of the case is evident. When a woman comes to you with a trouble of this kind, one of the best remedies by the mouth is belladonna in some of its preparations. It is always a good plan to test the urine. If it is acid, alkalies in large doses may be given, while, if it is alkaline, acids will be given. It is also a good plan to give a remedy to act on the kidneys and dilute the urine. Sweet spirits of nitre or buchu may be given in combination. A very excellent preparation is one containing bi-carbonate of soda, belladonna, sweet spirits of nitre, and buchu. It will, however, be found that if the case is one of true cystitis, local treatment must be employed. This consists of introducing a catheter, emptying the bladder and injecting various solutions. The preparation which, taking it all in all, is the best in chronic cystitis, is a solution of nitrate of silver, beginning with two grains to the ounce and gradually increasing the strength. When a strength of from twenty to sixty grains to the ounce is used, the solution must be allowed to remain only a short time. The reason why there is a certain amount of tolerance on the part of the bladder to these strong solutions of nitrate of silver is, that almost at once a pellicle of chloride of silver is formed which prevents the action of the remedy. When the strong solutions are used they cause considerable pain, and the hypodermic syringe should be ready to use if necessary. These solutions should be allowed to remain only for ten seconds. After the solution flows out a solution of common salt may be injected. This is perhaps the most efficacious treatment, but anything that will wash out the bladder will do good. A solution of nitric acid, from two to five drops to the ounce, is often of service.

If these measures fail, one of two things may be done: One of these is to introduce a self-retaining catheter. This should be a Goodman catheter, which is short and does not hit the fundus of the bladder, for, when anything passes the neck of the bladder and irritates the cavity, the bladder spasmodically contracts. This reminds me to say that when you have to draw the urine in a case of irritable bladder or in cystitis, the catheter should not be passed beyond the neck of the bladder. The instrument should be passed slowly, and as soon as the urine begins to dribble, it should be arrested at that point. If the catheter touches the inner surface of the bladder you will feel the organ grasp the instrument, giving the same sensation as is felt when you suddenly turn a spigot through which water is flowing. A self-retaining catheter will sometimes do good by drawing off the residual urine and keeping the bladder empty. The objection to this is, that few women will permit a self-retaining catheter to remain, as it is too irritating.

The other plan is to make an artificial vesico-vaginal fistula. This is done in the following way: A sound is passed into the bladder, its tip turned backwards, and an opening is made on the end of the sound, midway between the neck of the bladder and the cervix. Care must be taken not to open the neck of the bladder, for there are antagonistic muscular fibres in this locality which would interfere with union when the time comes to heal the fistula. How will the opening be made? One plan is to use Paquelin's cautery, because the walls of the bladder are much thickened. This thickening is due to several causes. One is the long standing inflammation; another is the contraction of the muscular fibres, causing hypertrophy; and a third is, that the bladder being empty, its walls are thickened. The resulting thickness causes great difficulty in keeping the opening patulous. If the opening is made with the knife, it will be necessary to introduce a tube to keep the opening from closing. There are little glass eyelets with a shoulder on each end, which are made for the purpose. Stitching the vesical edge of the wound to the vaginal edge will prevent union, and this should always be tried when practicable.

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What is the rationale of this operation? It keeps the bladder empty and allows none of the irritating urine to remain. In this way you will find that, little by little, the bladder gets better. When I say "you will find," you must take that with some grains of allowance. Sometimes these cases are incurable whatever means are employed. If an opening is made it may be necessary to keep it open permanently.

I have now denuded the parts and placed a number of stitches. I have learned a little lesson in these cases, and that is, that it is not necessary, and, indeed, the success is greater if a catheter be not used. Formerly I always used a catheter, but this tends to prevent union by the first intention. In my later cases I have omitted the catheter, and have obtained union even when the woman was allowed to pass water herself. If she cannot pass it, I use a small catheter. I am afraid that this operation will not be successful, for the reason that the dilatation has been made higher up. If it fails I shall dilate the urethra with the fenestrated urethral dilator, and then pass in Paquelin's cautery, heated to a dull heat, and cauterize the part to see if I can diminish the calibre of the urethra in that way.

As regards the diet in cystitis, skim-milk is, I think, really the best. Sometimes cases can be cured with skim-milk which are not influenced by ordinary diet. Pepper, highly stimulating food, and everything irritating must be avoided.

I told you that this trouble had been caused by the birth of a child. It was due to the squeezing of the bladder between the child's head and the pubic bone. That is, however, not the only way in which cystitis may be developed after labor. A number of incurable cases have occurred in women from retention of the urine. Inflammation of the bladder from this cause is not so common now as it was in former years when stage coaches were in use. Women would, from modesty, go many hours without emptying the bladder. Women of that day did not have the imperturbability of one of Sterne's heroines. He states that while travelling in a diligence in France, in which was a lady and two or three gentlemen, the lady signalled to the driver to stop; she then got out and went into a neighboring woods. When she returned one of the gentlemen incautiously asked her what was the matter. She replied, "Nothing but to piss." That occurred over a hundred years ago, when people were more bluff and outspoken than they are now. It would require a good deal of pluck and courage for a woman at this day to stop a stage coach and ask the driver to permit her to retire into a convenient woods. That was the trouble in the day of stage coaches. A woman would have her bladder full for a whole day, and when she reached the hotel, she would often be unable to pass water, because retroversion of the womb would have been produced. One of the worst cases of cystitis which I have ever seen, and one which I did not succeed in curing, occurred in this way: she never permitted me to make an opening into the bladder, and dilatation was followed by only temporary benefit.

I have introduced five stitches, and you can see the result of the operation. We shall give no medicine whatever. I shall not order the parts to be syringed for fear that the nurse may overdo it. In one week, or perhaps a little longer time, I shall remove the stitches, and I expect to find a perfect union, but I fear that while the operation will afford some relief, it will not prove a perfect success.

There are other remedies given in the text-books to which I have not referred. Among them is benzoic acid, which will sometimes act efficaciously. When you have a bad case of cystitis you are not going to cure it by remedies administered by the mouth. Irrigation with a double catheter is a good thing. In a recent journal I saw an account that a German had irrigated the bladder with healthy urine for the cure of cystitis. This was done with success. In this case it was a male who had cystitis, and his wife's urine was used for injection. There is a plausibility about this, for healthy urine is the fluid which should be least injurious to the bladder. I think that this method might be tried with advantage.

*Carcinoma Appearing after Ovariotomy.*— Some of you have seen this patient before. Three or four years ago I had a woman here who was reduced to the last degree of emaciation. She had an abdominal tumor of the colloid variety which had burst, and the time was appointed for the operation. It turned out to be a very cold day, and when I arrived the temperature in the room was 55°; I lit a small gas stove, which raised the temperature a trifle. I removed both ovaries and cleaned out the ab-

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dominal cavity as best I could; there was no mistake about the removal of both ovaries. The patient got well, and she would come to the hospital every now and then to show herself. About last July or August, ten months ago, she began to have pain and swelling of the abdomen, and since that time she has grown a good deal worse, and emaciation has progressed rapidly; she now suffers a great deal of pain; there appears to be either some obstruction of the bowel or some condition by which pressure is made on it.

Examining the abdomen, you see that the navel is protruding; this means free fluid in the cavity of the abdomen; if the fluid were in the cyst it could not enter this small opening; in addition to the free fluid there is also a positive tumor, which is very tender indeed. I am disposed to think that this tumor contains fluid. At the lower angle of the incision there is a little nodule which has appeared since I last saw her, which was two months ago; to the left I find another nodule under the skin, which is very sensitive; on the right side I feel still a third nodule. There is found, on vaginal examination, protrusion of the posterior wall of the vagina, which is another proof of free fluid in the abdominal cavity.

The question arises as to the nature of the trouble. As I have already stated, the tumor which I removed three years ago was a colloid tumor, and in many instances a colloid tumor is a malignant tumor. There is no question in my mind that many ovarian tumors which begin as benign growths, will, if let alone, become malignant in their character. My opinion is that the tumor which I removed was a malignant tumor, just beginning, and that now from the stump of the ovarian pedicle has started a malignant growth. It is always a suspicious sign when free abdominal fluid is found with a small tumor; a small tumor is, as a rule, very movable and does not press on the bloodvessels; a malignant tumor is usually immovable, and presses upon the adjacent veins, causing distension and exudation. I am further led to believe that this tumor is malignant from the presence of these nodules in the peritoneum and at the lower angle of the incision. I believe that if the abdominal cavity were opened that we should find the peritoneum studded with cancerous growths, varying in size from a millet seed to a small hickory nut.

It would not be advisable to tap in this case, for the fluid would be replaced with great rapidity. The same is the case in ovarian tumors. The rule is never to tap unless you are obliged to do so, either because the woman will not permit the radical operation, or because the cyst is so over-distended that you believe that you must relieve the organs of pressure. You should, however, not tap indiscriminately, for the cyst rapidly refills, and as the fluid is highly charged with albumen, the woman goes down hill rapidly. I have seen the fluid collect at the rate of over a pound per day in a woman over 68 years of age, so that she gained fifty-one pounds in six weeks.

In this case the fluid is doing no mischief. It is the presence of the malignant growth which is giving the trouble by pressing upon and interfering with the functions of other organs.

All that we can do here is to mitigate her sufferings and give her a comfortable death. This is to be done by the administration of morphia in any shape that she wishes. We shall not give large doses at first, because it will have to be increased as the disease advances.

# ORIGINAL COMMUNICATIONS.

## *THE RELATION OF UTERINE AND OVARIAN DISEASE*

### TO THE NERVOUS AND MENTAL DISORDERS OF WOMEN.

BY EDWARD C. MANN, M.D., N. Y.

THE neurologist of to-day, when a nervous invalid presents herself, is quite apt, we think, to attribute the great range of unnatural phenomena which such cases often offer to our inspection, simply and solely to the disturbed action of the centric nervous system. We are quite apt, all of us, to endeavor to locate the disease somewhere in the series of functionally related ganglia which make up the brain, and which are continuous with the spinal cord, and to locate the trouble in the cord itself, and to ignore other foci of disease. We say such is the tendency. Of course, we do not say that all follow it.

There is a constantly increasing class of young unmarried women and young married women, who apply to the neurologist for treat-

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ment, and who clinically present the following symptoms: perverted sensation and perception. The special senses are interfered with by disease of their respective nerves or primary ganglias. There may be illusions and also hallucinations connected with either of these senses, merely from a functional exaltation of the primary ganglia, the result of uterine disease. There may be hemianæsthesia, sensations of numbness, tingling, and neuralgic pains from the same cause. Functional exaltation of the primary ganglia is especially produced by and due to morbid states of the uterus or ovaries when it occurs in women. We often meet with perverted emotion and ideation from hysteria to insanity. We may see perversion of consciousness including somnambulism, ecstacy, catalepsy, and very often states of drowsiness, stupor, and coma. We may see frequently perversion of motility, tremors, twitchings or spasms, paralysis, defective coördination. We may meet with nutrition and trophic changes also. We do not deny the possibility of perverted visceral action including the uterus and ovaries, due to functional brain disturbance. This happens not unfrequently. Contractions and dilatations of vessels may take place in different parts of the surface of the body, or in internal organs, from stimulation or contraction of the vaso-motor nerves, occasioned by direct or indirect influence exerted upon the principal vaso-motor centres in the region of the *pons varolii*. While brain disease may produce every one of the phenomena we have spoken of, we maintain that in many young girls and young married women we have seen them all frequently, and also have seen them all disappear promptly when we treated the uterine or ovarian lesion. A young lady was sent to us from Tremont, N. Y., a few months ago. She had a delusion that she was constantly followed by Catholic priests, was sleepless and very hysterical. I became convinced that her symptoms were due to uterine hyperæsthesia and irritation, and introduced into the os uteri a little pill, broken off from the mass I constantly use, namely, ext. belladonna, ℥j (Allen's), and morphiæ sulph., ʒj. After introducing this pill I put a pledget of lint or absorbent cotton, on which was tannate of glycerine, against the os, and sent the girl home. I repeated this but three times at intervals of two days, ordering hot vaginal douches every other day, and at the end of ten days my patient's nervous system was calm and tranquil, and all delusions had vanished. Another lady came to me from New Jersey with a history of recurrent mania for four months at each menstrual period, and a report of great pain, convulsions, and difficulty of menstruation. I found a contracted cervix; dilated it with Peaslee's dilator; gave ergot, fl. ext. ʒss, and sodii bromide ʒss, ter die for one month, also pill of zinc valerianate, ʒj, and ext. belladonna, gr. iss. M. Ft. 30 pills. Sig. Pill every two hours and warm baths at night. The patient was homicidal and dangerous when the mania appeared, but under this treatment she made a perfect cure in two months. We may find irritation, ulceration, and displacements in these cases.

I would say that in making applications to the mucous membrane lining the canal of the cervix and also to the mucous membrane lining the cavity of the uterus, that, in my opinion, great injury to the nervous system of women often results by too irritant and caustic applications, particularly when the lining mucous membrane is denuded of its epithelium, as it often is. The same amount of care is not paid to the treatment of the diseased mucous membrane in these localities as is devoted to the treatment of the mucous membrane of the eye, mouth, nose, rectum, or bladder. The danger of too powerful an agent in producing an irritant effect on the nervous system is often, I think, ignored. The utmost care and caution, and the use of mild applications is, I deem, a necessity in treating any woman whose nervous system completely overbalances her physique. In treating ulcers of the cervix or other cervical trouble, after a proper dilatation of the cervical canal, and a thorough cleansing of the mucous membrane of any secretion, then the remedy to be used should be carried fairly into contact with the lining mucous membrane of the cervical canal. This may be done most effectually by the little tube devised by the late Professor Peaslee, of New York. It is one and three-fourths inches long and three-eighths of an inch in diameter, with three fenestræ, each including one-fifth of its circumference, extending from the collar one and a quarter inches towards its conical extremity. Being introduced after a proper dilatation of the cervical canal, the medicament may be applied to three-fifths of the entire lining membrane of the cervical canal; when rotating the

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tube sixty degrees the rest of it is uncovered and receives the application in its turn.

The tincture of iodine, in recent cases, should be used at first in weak solutions as Dr. Peaslee used it, at first of the strength of one drachm to one ounce of water, then two drachms to one ounce of water, and so on up to the full strength if required; while in cases of long standing it may be used at first with an equal quantity of water. The applications may be repeated in from four to seven days, or less frequently, according to their strength and effect. The sulphate of zinc, alum, tannic acid, sulphate of copper, and nitrate of silver, may also be used beginning with grs. five to the ounce of water, and gradually increasing the strength. The tannate of glycerine, from one scruple to one drachm of tannic acid to one ounce of glycerine; iodine (Churchill's), one-half drachm to one ounce of glycerine, and chloride of zinc, ten grains to an ounce of glycerine, are all of them good applications. Chromic acid is rarely required, and should never be used stronger than one part of acid to ten parts of water. It is only very rebellious cases that require the strong solutions. When the membrane of the cervical canal is too sensitive to admit of even these applications, or becomes too sensitive from a too strong application, we have used successfully, by Dr. Peaslee's recommendation, given some years ago, an application of Majendie's solution with an equal quantity of water, and also a saturated solution of the chlorate of potassa. We have also found Dr. Peaslee's plan of dilating the cervical canal with his steel dilators, of his own devising, much more useful than sponge tents. There are five dilators in the set, varying from one-eighth to five-sixteenths of an inch in diameter. Each is guarded by a bulb one and three-quarter inches from its point, so that it can pass only that distance into the uterus, and therefore project only from one-quarter to one-half inch into its proper cavity, the object being solely to dilate the cervical canal without any needless intrusion into the cavity. The patient lying on her back with the feet drawn up, the dilator should be passed along the left index finger without recourse to the speculum. If the cervix is quite yielding, the full amount of dilatation may often be effected at one visit in from ten to twenty minutes. If more resistant, two visits may be required on two consecutive days. If quite resistant, the Nos. 1, 2, and 3, may be used, and then a sponge tent be introduced to complete the dilatation within the next twenty-four hours. If much pain is produced, remove the instrument, and repeat the attempt two days later.

We cannot have an isolated pathology of the ovaries or uterus. The nervous centres suffer in sympathy with the whole body through the agency of the sympathetic or ganglionic nervous system. The cerebro-spinal nerves, which are branches of the sacral plexus, take their origin from the neighborhood of the third and fourth lumbar vertebræ. The uterine fibres of the sympathetic, coming from the aortic plexus, take their spinal origin at the level of the last dorsal vertebra. The uterus also contains a large number of ganglia, mostly confined to the lower part. The spinal cord is capable of exciting, on irritation, the contractions of the uterus, and also of the bladder. These movements are more easily produced the more nearly the middle of the lumbar spinal cord is approached. A great many of the neuroses to which women are subject arise out of, or are in intimate reactive relation with, the play of her sexual system, and the key to many of her nervous disorders will be found here. Thus, puerperal insanity is, pathologically speaking, due to the carrying of morbific elements from the uterus into the general system by absorption. Likewise syphilitic insanity in women is due to the syphilitic poison first attacking the mucous membrane, and from this point of departure invading the central nervous system. The most subtle instance of nervous syphilis is that where an ovum is impregnated by a tainted male, and the child being born with nervous syphilis. Finally, we may find some neuroses of women in infancy and childhood, owing to faults of development of the sexual organs and the accidents from injury or disease to which they are liable.

We may find nervous diseases and mental diseases in women at puberty and during the virginal state, some being consequences of the developmental faults alluded to, others arising from functional difficulties, etc.

We may have nervous and mental diseases in women connected with pregnancy and parturition.

We may have nervous and mental diseases in women consequent on parturition and childbed.

We may have nervous and mental diseases

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in women connected with or dependent upon mechanical or strictly surgical affections of the ovaries, uterus and vagina, original or acquired, including displacements or malformations of the uterus and diseases of the ovary and broad ligaments.

We may have nervous and mental diseases of women connected with the climacteric, more immediately attending and following the menopause.

We may have nervous and mental diseases in women associated with error of function of the ovaries and uterus, and also associated with lactation.

All of these cases may transmit a neurotic tendency to their children; not a tendency to any one particular disease, but a vulnerability of the nervous system as a whole, so that under the influence of even a comparatively slight strain, this weakness may manifest itself in one or other of various ways. It may show itself by mere general nervousness, by chorea, by epilepsy, or by some form of insanity, while in some of the more vigorous children the neurosis may die out and fail to be manifested at all. I have seen many times, in women suffering from nervous disease dependent upon ovarian or uterine trouble, illusions, hallucinations, and delusions, owing to a functional exaltation of the primary ganglia, which functional exaltation was due to the morbid state of the uterus and ovaries. We may find perverted sensation and perception; perverted emotion and ideation from hysteria to actual insanity; perversions of consciousness; perversion of motility, as tremors, twitchings, and spasms, or even reflex paralysis and vomiting; nutritive or trophic changes and perverted visceral action of heart, bladder, and digestion.

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## *REPORT OF INTERESTING CASES IN WESTMINSTER HOSPITAL,*

LONDON, ENGLAND.

BY ALFRED J. GUBB, M.R.C.S.,
Resident Obstetrical Assistant (London, England).

GEORGE C., aged 13, flower seller. Patient was playing at foot-ball about a month ago, soon after which he was seized with pain in abdomen—was unable to remember having received any blow or shock in that region—he was sick after the mid day meal of that day, and felt very unwell generally. During the two following days he had several severe paroxysms of pain, between which he had a movement of the bowels. Three days later he applied for relief in the out-patient department with the following symptoms: pain in the epigastric region, left hip and shoulder, together with a troublesome cough which also caused him pain; when made to walk he did so slowly and laboriously, complaining of its causing the pain in the abdomen. The case was diagnosed as possibly one of diaphragmatic pleurisy, and the patient was ordered a saline mixture, with directions as to being kept warm, etc., and he was instructed to come again three days later if the symptoms were not relieved.

Five days later the boy again came to the hospital, and was admitted to the Burdett Ward under Dr. Donkin. On admission, patient lay on his back with the legs slightly drawn up, he had an anxious, pinched expression of features with flushed cheeks; his tongue was moist and covered with white fur; abdominal pain aggravated by occasional hiccough. The pain was acute, and patient indicated the umbilicus as being its seat; it was paroxysmal in character, but was never entirely absent; the paroxysms were frequent and lasted about two minutes. The abdomen was slightly distended and was universally acutely tender on pressure; left side of abdomen tympanitic on percussion, right side comparatively dull. No tumor nor induration perceptible on palpation, nor was there any external hernia discoverable. Patient passed very little urine, and micturition was painful. He said he had passed a constipated motion that morning with pain and difficulty. Pulse small, 86; temperature, 99° F. Hot fomentations were ordered to abdomen, with twelve minims of tinct. opii at bedtime; diet of milk and beef tea. Patient was sick and in so much pain that the tinct. opii was given at once (7 P.M.), and at 9 P.M.; as pain was not relieved, half a grain of pill opii was given to be followed by one-quarter grain every four hours.

Patient passed a fairly comfortable night though awakened from time to time by the paroxysms of pain, falling to sleep again on their cessation. This state of things persisted during the following day, but the patient was unable to take much nourishment on account of the vomiting, which, later on in the day, had a rather suspicious stercoraceous odor. As towards evening patient seemed to get worse,

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Dr. Donkin was sent for, and under his directions the tube of a stomach pump was passed per anum for a distance of about eighteen inches, as far as it could be introduced, without undue violence, and about three quarts of water were then cautiously injected. Percussion was not then dull over whole abdomen. The water was returned after a short time unchanged, with two or three small scybala; after its evacuation, the abdomen became resonant to percussion, as before, but was more distended, and tenderness appeared somewhat more marked to the left and above the umbilicus. Pulse, 108; temperature, 97.8°; fomentations were ordered to be discontinued.

On the third day (including day of admission) patient's vomit was of a light-brown color with a decidedly stercoraceous smell, and at noon this was still more marked. Patient vomited three times during remainder of day, and after consultation with Dr. Macnamara operative proceedings were decided upon.

Patient was removed to the theatre, and anæsthetized with ether, and Dr. Macnamara proceeded under antiseptic precautions to open the abdomen by means of an incision about four and a quarter inches in length, in mesial line, immediately below umbilicus. On opening peritoneal cavity some pus exuded with distinctly fecal odor, the large intestine was distended and congested. On digital examination some gut was felt bound down to back of abdomen, and a band of adhesions was felt to give way before the fingers just to the left of the wound. As nothing further could be discovered, the wound was closed by deep and superficial sutures and antiseptic dressing applied.

Patient was taken back to the ward and ordered a tablespoonful of milk every hour, with ice to suck. About half an hour later he vomited again, the vomit still being stercoraceous. At midnight, as soon as the patient was fully recovered from the effects of the ether, the pain returned with redoubled violence. His face was drawn and anxious; pulse was smaller; there was no further action of the bowels; a grain of pill opii was given.

At 1 A.M. the pulse was feeble and more rapid, and forehead was cold and clammy; ordered ℥ij of brandy.

At 4 A.M. patient was much the same, and pain as severe as ever; ordered half a grain of pill opii, and repeat brandy.

At 10.30 patient's condition worse, vomiting still fecal, strength failing. The tongue dry, with sordes on lips and teeth. Hands cold, face cyanosed. Death took place at 12.45, the temperature five minutes after death being 102.6.

Autopsy, twenty-six hours after death.

Body well nourished, abdomen distended, with linear wound extending some six inches downwards from the umbilicus, the margins of which were superficially united. Internally there was evidence of general peritonitis, the coils of intestine being matted together, and their peritoneal surface covered with thick layers of yellow lymph; patches of acute congestion were visible in many places on the coats of intestine; the upper part of the gut was distended, while the lower part was placid and contracted but contained many scybalous masses. Five feet six inches above ileo cæcal valve the gut was found to be contracted, and at the seat of constriction the gut only measured one inch in circumference, just below constriction the circumference was one and a half inches, just above four inches. Below constriction the mucous membrane was of a bright red color, above it the membrane was of a pallid color as far up as and including the stomach, and there was a large quantity of thin fluid feces. The cause of the peritonitis was found to be due to ulceration of the vermiform appendix, produced by impaction of a fecal concretion, somewhat resembling a calculus, measuring seven-tenths of an inch in length, and about one-quarter of an inch in breadth, and of a slate color. Nothing abnormal in other organs, but lungs were much congested.

Emma B., aged 29, single, admitted into gynæcological ward under Dr. Potter. Her medical attendant stated that she had been suffering from severe uterine hemorrhage which first occurred two years ago, when she was taxed with having been pregnant; this, however, patient had strenuously denied. She never seemed to have regained her strength since that time, and had spent many months at convalescent homes, but without deriving any great benefit or relief from the debility and general malaise from which she suffered. Six weeks ago the hemorrhage suddenly recurred to the uterine and (according to the doctor) rectum; there was considerable pain, described as resembling labor pains, but although the clots were carefully examined nothing was found but coagulated blood. She

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had been unable to take any nourishment and vomiting had been incessant. Latterly she had been fed by nutrient enemata, but they caused her great pain and were generally immediately returned. There had also been hemorrhage from nose and mouth.

On admission, patient was in a semi-comatose condition, extremely anæmic, with dry, brown tongue, sordes on teeth and lips, deep-sighing breathing, equal semi-contracted pupils responding slowly to light, peculiar and strongly marked odor of urine in her breath. Temperature, 97° F.; pulse quick, hard, and intermittent. Patient was greatly emaciated and semi-insensible, though she appeared to understand when spoken to loudly; her articulation was very embarrassed, and she complained of severe epigastric pain, she was unable to swallow except with great difficulty, and vomiting was constant, there was a continual sanious dribbling from the mouth; skin was very dry; abdomen was normal, no spots. She had not passed any urine for several hours, and between seven or eight ounces were drawn off with a catheter. The urine was dark in color, specific gravity 1015, strongly acid, and on testing was found to be loaded with albumen. No vaginal or rectal hemorrhage was noticed after admission. There was marked twitching of both arms and occasionally of features.

Brandy was given, but owing to difficulty in swallowing patient was unable to swallow much. She was placed in a hot-air bath for an hour, but no perspiration was induced. She was warmly wrapped up and put back to bed, an enema of beef tea with an egg beaten up being administered per rectum, but was returned unchanged. A solution containing a sixth of a grain of pilocarpin was injected subcutaneously followed by subcutaneous injection of brandy, but without any appreciable effect. Patient became gradually more comatose and died twelve hours after admission.

At autopsy most of the organs were fairly healthy, but the kidneys were the seat of very marked atrophic changes, the left kidney only weighed about an ounce and a quarter and was the size of a large walnut, the right kidney was also much shrunken and atrophied and both had undergone much fatty degeneration. The bladder was strongly contracted, but was otherwise healthy. The uterus was of normal size, os smooth, not lacerated but slightly congested and abraded. The ovaries were surrounded by cyst-like formations, to which they were more or less adherent.

*Enormous Hypertrophy of Clitoris, Successful Removal* (under Dr. Potter).—Sarah H., aged 33, married. Patient applied in the out-patient department on account of a "tumor." On examination a growth the size of a fœtal head was seen growing from the anterior part of vulva, pyramidal in shape, covered with irregular thickened integument completely hiding the orifice of the vagina, which was only rendered visible by drawing the mass well forwards; vaginal examination showed that the vagina and os were healthy; the tumor was attached by a thick solid pedicle to the anterior commissure of the vulva, and there was a large patch of black slough at its most dependent part, which gave rise to a most offensive smell.

The patient stated that she had been married eleven years. Shortly after her marriage she noticed a swelling on one side of anterior part of vulva, just at a spot where she had received a kick some months previously; this swelling had gone on increasing ever since, but patient said it had caused her no inconvenience until within the last few days when the tumor began to slough and caused her annoyance from the smell. Rectum showed signs of extensive laceration.

Dr. Potter having decided to remove the tumor, the patient was anæsthetized, and the tumor removed by means of the chain écraseur, though not without difficulty, owing to the toughness and strength of the pedicle. No blood was lost, the margins of the wound were united with sutures and dressed with iodoform and absorbent pad. The wound healed without difficulty, and the patient was enabled to leave the hospital cured a few days later.

The tumor weighed upwards of two pounds, and consisted of very dense fibrous tissue with numerous large vessels.

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SCABIES.—The following is urged by the British Medical Journal:—

| | | |
|---|---|---|
| ℞. | Flowers of sulphur . | 100 parts. |
| | Quicklime . . . | 200 parts. |
| | Water . . . . | 1000 parts. |

Boil and stir until incorporated; cool and decant and seal. Put the patient into a warm bath, and paint with the preparation.

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# CONTRIBUTED ARTICLES.

## *SUPPURATIVE ARTHRITIS; ITS CONSERVATIVE TREATMENT.*

BY C. B. NANCREDE, M.D.,
Professor of General and Orthopædic Surgery in the Philadelphia Polyclinic; Surgeon to the Episcopal and St. Christopher's Hospitals.

[Read before the Philadelphia County Medical Society, November 19, 1884.]

THIS paper in reality consists of the brief notes of a case of incised wound of the knee-joint, and the elaborate history of a second case of suppurative arthritis of the wrist-joint. For the history of the latter I am indebted to Dr. Ralph W. Seiss, the family attendant of the patient, to whose unremitting and intelligent care a large share of the recovery must be attributed. Instead of dilating upon the indications for treatment in cases of suppurative arthritis, I will simply let the histories of the cases speak for themselves.

On Saturday, March 25, 1882, I was asked to see J. P. R., æt. 28 years, a patient of Dr. T. S. Crowly. The doctor had first seen him on that day, and had at once directed them to send for me, recognizing the exceeding gravity of the case. J. R. had, the previous Thursday afternoon, cut his right knee with the corner of his hatchet, when the limb was strongly flexed, thus rendering the incision into the capsule non-coincident with that through the skin when the joint was in any other position than extreme flexion; in other words, the joint was opened in a so-called valvular manner. Owing to a nick near the corner of the hatchet, the weapon must have incised the capsule fully to the extent of a fourth of an inch. He at once tied a "chew of tobacco" over the wound, and did some light work until the evening, when he rode home. The next day he returned to his work, which happened then to be light, but unfortunately he walked home, about two miles, which caused enough pain and uneasiness in the joint to induce him to stop to rest several times before reaching home. That evening he still persisted in walking around, without experiencing much uneasiness, and, retiring early, was awakened by very severe pain in the joint, which was red and swollen. Chills, high fever, and slight delirium rapidly supervened. When I first saw him, the joint was filled with fluid, and the periarticular tissues were swollen and reddened. Rest and ice with opiates utterly failed to control the symptoms, so that by Sunday night the patient was very ill, with a manifestly suppurating joint. Some synovia mingled with pus issued from the incision, both with and without pressure. Upon consultation with Professor Ashhurst, I freely laid open the original wound upon a director, and then made a free incision upon the outer upper side of the patella, thereby giving vent to a quantity of purulent synovia. The patella came into contact with the femoral condyles, so that no extended search was made for the opening in the capsule. A poultice was applied and morphia exhibited. The next morning the joint had again filled up, but on a second visit the discharge had again found vent, allowing the patella to recede to its normal position. The whole lower half of the thigh and the region of the head of the tibia was converted, within a few days, into a series of abscesses more or less intercommunicating. Suffice it to say, that by free counter-openings, drainage-tubes, antiseptic injections, and immobility of the joint secured by splints and suspension from the ceiling, aided by a proper supporting regimen, with free stimulation, quinine, etc., the patient convalesced. Hot douching, massage, and passive movement, in a few months, brought the knee to a right angle, and now perfect extension and nearly perfect flexion have been attained. The members will see that the patient walks absolutely without any limp, with a freely moving, normal joint, which never reminds him of previous trouble, except by passing fatigue, although he tells me that he has formed such a habit of "favoring" his knee, as to make him afraid to exert it much, unless he forgets all about it, when he uses it as freely as ever before. Such a result speaks for itself.

In this case there is no reason to doubt that the immediate application of a compress and bandage in the form of the "chew of tobacco" and the handkerchief excluding the air, the ride home, and the night's rest, all favored primary adhesion of the capsular wound. The next day's work, light as it was, with the walk home and the subsequent evening's exercise, doubtless reopened the recently healed capsule, air was probably pumped in by the movement of the joint, and suppuration ensued. Perfect quiet of the joint from the moment of reception of the wound, its disinfection and anti-

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septic dressings, aided by cold, would doubtless have obviated all the subsequent danger and suffering.

I shall now read the notes relative to the case of suppurative arthritis of the wrist and inferior radio-ulnar joints, kindly furnished me by Dr. Seiss.

On April 24, 1884, I was called in the case of Mr. W., a large, powerful man, of splendid constitution, and perfect family history; a builder. He had led an active, out-door life, and had been of regular habits up to within a few years, since when he has been drinking somewhat heavily. One week before I saw him, while wrenching the stopper from a bottle the neck broke, and the keen edge of the larger fragment, in slipping, cut the ulnar side of his right wrist, producing a wound down to the joint capsule, and about an inch in length. After allowing the free venous bleeding to continue some moments, he forcibly strapped the wound with many layers of court-plaster, applied over this a tight bandage, and then soaked the entire dressing with "Turlington's balsam." To ease the terrible pain he suffered, he says he consumed about a quart of whiskey in a single day, and almost as much the succeeding day. He was given calomel and a "fever mixture" by a local practitioner at Atlantic City, N. J., where the accident occurred, and some five days after the receipt of the injury was removed by his relatives to Philadelphia.

When I saw him, his hand was encased in a clumsy poultice, on removing which I found the wound partly filled by friable granulations. On examination with a probe and my little finger, I could plainly feel the capsular ligament, which appeared uninjured; the ulnar artery was also found to be intact; the motions of the wrist-joint were still free. His temperature was 103°; his skin clammy and leaking; tongue foul and coated; respiration hurried; pulse rapid and weak; mind clouded, with a marked tendency toward muttering delirium; his urine was found, on examination next day, to be loaded with albumen. The entire hand and lower forearm were covered with a fiery red blush; the hand was much swollen and puffy. I at once enveloped the entire hand and forearm in a dressing of laudanum and water, equal parts, and placed it upon a forearm-splint. I put him upon two grains of sulphate of quinine every two hours, night and day, each dose to be followed by a half ounce of whiskey in an ounce of milk—which was increased to three ounces of milk as soon as the stomach was found to bear well the first few doses. I also ordered him to be sponged daily with a solution of alum in alcohol and water.

For seven days after the adoption of the above treatment he grew steadily better, with less sweating, a stronger pulse and respiration, a lower temperature, and his mind was clear. On the evening of the seventh day, his temperature rose rapidly to 103°, and continued to rise, with slight morning remissions, until it reached 104⅗° on the evening of the tenth day. I then found a small abscess forming over the first and second metacarpal bones, which I at once opened by a free incision—permitting the escape of about half an ounce of creamy pus. He immediately improved, but shortly after commenced to have marked night-sweats, with great pain in the hand and forearm, requiring the frequent administration of hypodermic injections of morphia sulphate, to secure rest at night. About a week after the formation of the first abscess, I opened another, situated between the thumb and index finger, by a deep incision, giving vent to a thin glairy pus. This, however, produced but a slight remission of the symptoms, and he rapidly fell into a semi-typhoid state. A few days after the opening of the second abscess, Professor C. B. Nancrede saw him in consultation with me. The following conditions now obtained: Careful manipulation gave a slight sensation of grating, showing the presence of eroded bone; examination with a probe showed extensive destruction and separation of tissues, the hand being little more than a bag of bones; the wrist-joint was stiff, and gave distinct crepitus on motion. The original wound was covered by exuberant granulations. General condition markedly septic and typhoid. A counter-opening was now made on the radial side of the wrist, a grooved director being passed through my incision over the second metacarpal, which had been kept freely open, directly through the opening. The pulsation of the bared artery (radial) could be plainly felt under the director. Upon suggestion of Dr. Nancrede, the hand was now enveloped in dressings of hydrarg. bichloride, one part to 2000 of boiled water, and three-drop doses of tincture ferri-chloridi were given every two hours, in addition to the treat-

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ment already adopted. This caused a slight amelioration in the symptoms. Thorough drainage was maintained by the use of drainage-threads of ligature silk, and all the openings were carefully syringed twice daily with the hydrarg. solution. The quinine and whiskey were continued, together with hot broths and concentrated foods of all kinds. His average morning temperature was now 101½°, his evening rise from one degree to two and a quarter degrees; pulse always rapid and feeble —from 98 to 117; respiration hurried, mind clear; took food willingly; had occasional fits of restlessness and pain, requiring hypodermics of morphia; some night-sweats; a trace of albumen constantly found in urine, but no casts could be found at any time. For two weeks this state of things continued with but little change for better or worse. Then commenced a train of markedly septic symptoms; lungs frequently congested; some cough; marked night-sweats; hurried pulse and respiration; furred and heavily coated tongue; intense pain in hand; urine loaded with albumen; occasional, though rare, chills. Some fourteen days after the first consultation, his temperature began to rise steadily until it reached 105° on the sixteenth day after our first consultation, and he now failed so rapidly that I feared speedy death from exhaustion.

On the evening of the sixteenth day I discovered a deep-seated abscess over the distal ends of the ulna and radius. The same evening I again saw him with Dr. Nancrede, when the following operation was performed: Dr. Nancrede made a free incision over the abscess and dissected down on a director until the joint was reached, the latter was opened, and about half an ounce of pus allowed to escape from it.

On examination with the probe and finger, the articular surfaces of the inferior radio-ulnar joint were found to be deeply eroded. The bones of the proximal row of the carpus and the articular surface of the radius were also found to be softened and partially denuded of cartilage. A director was pushed through the radio-carpal joint until it could be felt under the skin on the dorsal aspect of the wrist, where a free counter-opening was made down upon it. The wound was now thoroughly syringed with the hydrarg. solution and a stream of the latter forced through the radio-carpal joint, moderately forcible extension being made to facilitate the passage of the solution. The hand was now most carefully cleansed with the antiseptic solution, and antiseptic irrigation was used, the hand and forearm simply resting on a bed of raw cotton, covered by lint kept constantly soaked with bichloride solution; the amount of whiskey he had been taking steadily since I first saw him was increased, and the dose of quinine raised to 28 grains per diem. The night of the operation he suffered intense pain in the hand, requiring two hypodermic injections of morphia, each of ¼ grain, to produce quiet.

With the exception of one more small abscess on the dorsal aspect of the hand, which I opened, and its attendant symptoms, and a troublesome pressure-sore on his elbow, he now steadily improved. It having been found absolutely necessary to open the sheath of a tendon—palmaris longis?—in opening the joint, some slight trouble occurred from hernia of the tendon, it occasionally extruding to the extent of nearly two centimeters; it was carefully returned at each of the two daily dressings, and attempts made to keep it in place by a compress lightly applied. It perfectly returned to its normal position as the wound closed. A large amount of bloody synovia could be pressed from the sheath of this tendon at each dressing. In ten days he was able to sit up for a short time, and the doses of both quinine and whiskey were now lessened. After some weeks of treatment with the bichloride solution, he exhibited marked mild mercurial poisoning, and carbolic-acid solution, 1 part pure crystals to 45 of boiled water, was substituted. In three weeks the arm was put upon a wooden forearm-splint, still enveloped in wet carbolic-acid dressings, and he was able to move about his room. About a week later he went down-stairs for the first time. The quinine and alcohol were now reduced to tonic doses. The wounds were now completely blocked with healthy granulations and therefore the wet carbolic-acid dressings were discontinued, the wounds being dressed with carbolized cosmoline—1 to 40 pure crystals—and later with oxide of zinc ointment. Passive motion was now made for some minutes, night and morning. After some three weeks of this treatment, thirteen weeks after receiving the injury, he was able to leave the house for a short walk; and fifteen weeks after the accident he was able to go about and attend to his affairs almost as usual, wearing his arm on an accurately

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moulded splint of binder's board, with the wounds entirely healed.

I now saw him but three or four times weekly, and at each visit thorough friction with alcohol on a handful of raw cotton, thorough massage, and passive motion of the entire arm were practised. The elbow was now exceedingly stiff, the shoulder-joint equally so, the wrist anchylosed, thumb almost rigid, only slight motion of the fingers. The binder's-board splint was now soon abandoned and he was instructed to make constant efforts to move all the joints of his arm, forearm, and hand. I saw him weekly and made strong passive motion of all the stiffened joints at each visit.

At present, six months after the accident, his condition is as follows: weight, 185 pounds —being a gain of 26 pounds in about nine weeks—general health good; some neuralgic pain in injured hand occasionally; shoulder slightly stiff, deltoid muscle unable to lift it to normal height. Elbow stiff, but the hand can be brought directly back to within eight inches of the shoulder—which, the wrist-joint being anchylosed, is almost normal. The forearm cannot be pronated nor supinated, save to a very slight extent. The wrist-joint, as a whole, has a slight degree of extension and flexion. The fingers have more than three-fourths normal flexion and extension, and that quite free. The thumb has its free movements, and is but very slightly stiffened. He writes, with the injured member, a very fair hand, and can continue its efforts long enough to write four pages of "legal cap" without rest. The hand can also be rapidly used for all ordinary purposes not requiring much strength. He feels changes of the weather badly in the entire right arm, but apart from this, the occasional neuralgia and a feeling of weakness and tenderness in the member, uses it as freely as the other uninjured hand.

In conclusion, I would again reiterate that free incision, drainage and rest, combined with antiseptic treatment in its broadest sense, will, when judiciously followed by persistent passive movement and massage, often save not only life and limb, but an excellent joint, such as I show you in these two cases to-night.

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DR. S. ARMER (Ther. Gaz.) in obstinate sycosis uses oleate of copper in a 20 per cent. ointment.

## *DOUBLE INGUINAL HERNIA IN A MALE INFANT*

### THIRTY-EIGHT DAYS' OLD—STRANGULATION ON THE LEFT SIDE—HERNIOTOMY.

BY L. W. STEINBACH, M.D.,
Adjunct Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

[Read before the Philadelphia County Medical Society, November 19, 1884.]

THE subject of my remarks, a male infant, was born on September 2, of the present year, at the beginning of the ninth month of utero-gestation. During six weeks preceding labor the mother was confined to her bed or room on account of hemorrhages, due to partial placenta prævia. The infant was feeble and bore evidence of premature birth by its general debility, rather than by any specific sign of incomplete development. I estimated its weight at about five pounds. Within two days the child became jaundiced, but his condition otherwise, as well as that of the mother, was sufficiently favorable for me to cease paying regular visits after the tenth day.

On the morning of October 11 the father called and requested me to see the child, because it had been unusually restless during the night, and because the mother had noticed a swelling in the groin the previous evening.

Thinking that this swelling, as described to me by the father, might be a rupture, I visited the child without delay, and on rapid inspection found a deeply jaundiced little patient, not markedly increased in size since birth, with a tumor in each inguinal region, so that the pubic region resembled a mons veneris, with the adipose tissue well developed. As this, however, was not likely to be the case in so poorly nourished an infant, I continued my examination by manual palpation, and felt on each side a firm swelling, which reached up to the respective external inguinal ring, and extended obliquely downward and inward into the scrotum to the extent of more than two inches. The tumors were hard, and only slightly elastic, but in neither one could I locate the testicle or separate it from the rest of the tumor.

It will appear that the diagnosis must have been easily arrived at, because there are but few pathological conditions likely to be found in an infant that would resemble this, other than hernia, or perhaps hydrocele. Yet, fearing to exert pressure upon such tender struc-

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tures in order to satisfactorily outline the testicles, I entertained some doubt whether I was really dealing with a case of double inguinal hernia, for which there existed the speculative causes of congenital debility, a patulous canal, and above these an impediment to the easy evacuation of the bladder in the existence of phymosis.

I informed the parents that I believed the child to be suffering with a double hernia, and that I would make an attempt to reduce it.

The amount of manipulation which I considered to be safe, not having lessened the size of either tumor, and there being no urgent symptoms, I left, with the promise to return towards evening of the same day, with instructions to the mother to note carefully whether the child urinated, or had a fecal evacuation. At my evening visit I learned that the child had had no passage since the preceding day, that it passed but a small amount of urine, and was disinclined to nurse. I now renewed my attempts at reduction, and succeeded in returning the protrusion on the right side into the abdominal cavity, the testicle remaining in the scrotum. Only at this juncture did I become positive of my diagnosis. My exertions to reduce the tumor on the left side proved unavailing. In order to ascertain whether I could induce an evacuation of the bowels without endangering the child's condition, I inserted a small cone of soap into the rectum; this met with prompt response from that organ, and together with the soap a small amount of inspissated mucus, intermixed with, or rather discolored by, fecal matter, was expelled. This convinced me that a constriction existed somewhere in the intestinal tract. Placing a small compress over the right external inguinal ring, and securing it by a bandage, in order, if possible, to prevent a recurrence of hernia on that side; by straining in the act of micturition, I left my patient.

In the morning, and again towards evening of the following day, attempts made at taxis were unsuccessful. Constipation, scanty urination, and refusal to take the breast continued until the third day, when I consulted with Dr. John B. Roberts, who concurred in the diagnosis of strangulated hernia.

After some manipulation, which somewhat reduced the tumor in size, and seemed to relieve the symptoms, it was agreed to postpone operative procedure until more urgently required. Towards evening of the same day, the vomiting which had existed before became more pronounced, and the copiously-emitted substance, in its consistency, color, and odor, resembled fecal matter.

About noon of October 14, and therefore the fifth day after the symptoms of hernia were first noticed, and when the child was just six weeks old, an anæsthetic (ether) was administered; and the last, but unsuccessful attempt at reduction having been made, I proceeded, with the material aid of Drs. Roberts, O'Hara, and other gentlemen, to perform herniotomy.

Making an extensive incision through the tegumentary structures and subsequently dividing two additional layers of investment to the hernia, a sac was reached which was hard to the touch and distended by fluid contents. A puncture of this sac and evacuation of its serosanguinolent contents by means of a hypodermic syringe caused its partial collapse, and a trial was made to return the protrusion into the abdominal cavity. This attempt proving ineffectual, the hernial sac was incised. This laid open to view a coil of small intestine of a purplish red hue, and below it the testicle and the epididymis. The last peritoneal investment was the tunica vaginalis testis, and consequently formed the true hernial sac.

Even now an obstacle to the return of the intestine presented itself at the constricted neck of the sac. The tender age of the patient and the delicate and small structures involved, necessitated the employment of the ophthalmic surgeon's canaliculus knife, in place of a Cooper's hernia bistoury, whilst a small grooved director served the purpose of a hernia director until an incision enlarged the opening to a sufficient extent to permit of the insertion of Levis's hernia director. The hernia was of the oblique variety, and after extensive enlargement of the external inguinal ring over Levis's director, the intestine was returned into the abdominal cavity.

The interrupted wire suture was now employed, the first and second stitches, penetrating all structures from without into the abdominal cavity, approximated the edges of the external abdominal ring. A strip of rubber tubing was inserted to favor drainage. The loss of blood was insignificant in amount. Antiseptic precautions were observed, by using a solution of corrosive sublimate for the hands, sponges, and towels, whilst the instruments were kept im-

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mersed in carbolized water. An existing phymosis, which was regarded a factor in the production of the hernia, was corrected at the same time.

A few hours after the operation, the child had a normal passage; the urine which was voided contained a dark green sediment, which remained as stains on the napkin. The child took the breast readily, and appeared in no way to be disturbed by the operation. Primary union took place throughout the extent of the wound, and the drainage-tube was removed on the third day, after which the small orifice thus left also closed. No symptoms of peritonitis, or inflammation elsewhere, appeared; the pulse was better than before the herniotomy; the excretions continued regular, and everything gave promise of a favorable result except that the babe did not gain strength, and the jaundice became rather more pronounced. On the fifth day after the operation the child died, and I have good reason to believe the cause of death lay elsewhere than in the hernia.

Not the rarity of the affection induces me to present this case to your attention, but rather my belief in the propriety of performing the operation even in so young an infant. I am not conversant with the literature of the subject, and do not know whether a few or many cases are recorded, but my observations of this one case causes me to make the deduction that the operation should be performed unhesitatingly whenever indications for it exist; and I believe that the more rapid reparative process existing in infancy gives an even more favorable prognosis than the same operation performed on the adult.

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## *ELEGANCE IN PHARMACY,*

### AND THE ADMINISTRATION OF MEDICINE.

BY JOHN HAMMOND BRADSHAW, M.D.,
ORANGE, N. J.

MUCH attention is now directed to the agreeable administration of medicine. An experienced physician, looking back upon the personal testings of the value of various forms of medicine, and seeing where definite proof has been found that combinations are both efficient and agreeable, formulates decisions as to prescribing, which, originating thus, are not apt to be easily set aside or supplanted by miscellaneous opinions. Hence the discussion of this subject by the writer.

The young practitioner, with his characteristic impetuosity after results, may be apt to overlook the matter of elegance in pharmacy. But should this be the correct position of the old and young practitioners? Knowing how acceptable an article on the above subject would have been to the writer, upon leaving college, his remarks will perhaps be read with interest by the "raw recruits" to the ranks of the "noblest profession."

Times change and medicine also changes. The era which gave birth to polypharmacy was characterized by a method of dosing which, if followed by the young practitioner of to-day, would send most of his patients to his competitor across the street, or the neighboring homœopath around the corner. The best practitioner is no longer the one who gives the largest quantities of the most disgusting medicine in the largest doses. That man is most worthy of the name of physician whose skill is so great that he can give the few remedies of his armamentarium in such a manner that the desired effect is produced with the slightest offence.

All physicians cannot be chemists; yet it would be well if the rank and file had more strength than weakness in this quarter. And since the subject of elegance in prescribing is too important to be entirely neglected, we will in this paper devote some attention to the best ways of securing efficient, convenient, and agreeable forms of medicine. We accordingly divide our subject into the following headings:

*Adjuvants.*—By a proper selection of adjuvants, the power of the base can be greatly exalted. Examples—the addition of saccharatum to hydrargyri sulphas fluva; emulsifying agents to various oils; combining potassi sulphas with cannabis indica, which renders this unreliable drug more definite in its action; and the multitude of cathartic combinations.

*Active Principles.*—The advantage of the active principles or alkaloids are, first, the size of the doses may be greatly diminished; second, the medicine may be given in a least disagreeable form; third, greater certainty of action is secured.

*Avoidance of Incompatibles.*—No preparation can be termed elegant if injurious incompatibility is present. Incompatibles have been classed as, first, unsightly, disagreeable, and noxious medicines; second, mixtures whose compound parts undergo, at once or in a short

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time, a chemical change; third, remedies of an antagonistic therapeutical effect, *e. g.*, explosive compositions are formed when are added, first, glucosides, creasote, or vegetable extracts to nitrate of silver; second, chromic acid to alcohol; third, powdered sulphur or tannin to chlorate of potash, etc.

*Collodions.*—Peculiarly efficient for external medication, capsicum, cantharides, corrosive sublimate (for ringworm), aconite, veratrin, atropia, tannin, chloride of iron, carbolic acid, etc., make elegant and efficient applications with collodion.

*Confections.*—Most useful in giving certain medicines to children.

*Combinations.*—A most important advantage of combining remedies is that one dose may be given to meet different indications. But the object of combinations can be defeated by abuse. Huxham wrote prescriptions ordering hundreds of drugs for one preparation or dose! Combinations also often produce an effect not given by any single substance. Dovers' powder has been used as an example.

*Compressed Powders.* — These may be termed differentiated pills. They have some advantages over the latter, in that they are made by dry compression and are free from coatings, are very soluble and diffusible, are said to be more easily swallowed by reason of their flatness, and substances which would be too bulky when made into a pill, may thus be compressed into a small tablet.

*Correctives.*—The aromatic group of drugs and their preparations are much used as correctives. By their use harsh action is avoided or rendered less disagreeable, the physiological and therapeutic effect is modified, and the removal of physical properties which are unpleasant to the eye or palate is secured.

*Elixirs.*—Simple elixir (elixir aurantii) is generally the foundation of all elixirs. The number may be multiplied indefinitely by the extemporaneous prescribing of the physician.

*Effervescent Preparations.*—These generally contain sodium or potassium bicarbonates, and citric or tartaric acid as the effervescent basis. When not too old or saturated with moisture, they are elegant, eligible, and efficient preparations. Many drugs may be given in this form, *e. g.*, caffein, lithia, magnesia, potassium, oxalate of cerium, pepsin, bismuth, strychnine, bromides, iodide of potash, preparations of iron, quinine, phosphorus, etc. Their advantages are, first, they are agreeable; second, they afford a means of giving medicine when otherwise it would not be borne by the stomach. For example, iron during pregnancy, when the stomach is excessively irritable and the drug is strongly indicated. They are somewhat expensive as now sold, but this objection may be partly removed by extemporaneously writing one's own formulæ. A rule that must not be too closely followed, is to use ten parts bicarbonate of soda and nine parts of acid (citric or tartaric) to one part of the drug administered. These may be well mixed, and the granulated appearance given to the whole by slightly moistening with strong alcohol and slowly drying. These preparations may then be put up in powders, or they may be made to keep longer in bottles. The prescribed dose, when added to a certain amount of water, makes an agreeable effervescent drink, the citrate of soda or potassa resulting, which is chiefly laxative in its nature, and is in most cases beneficial; care being exercised that not more than two teaspoonfuls of the powder is used per dose. Safety against change can be obtained by making two powders and adding the required amount of one to the other in a half glass of water p. r. n.

*Emulsions.*—An oil exhibited in a form of minute subdivision has been proven to be more easily taken into the circulation than in its crude state. Milk, the emulsion of nature, owes its facility of digestion to this condition. Cod-liver oil is thus digested when otherwise it would cause gastric disturbances, especially since many of these emulsions are made with comparatively few of the disagreeable properties which have made this oil almost as celebrated as its unique therapeutic effect. Other oils may also be given thus, and various medicines incorporated therein.

*Enema, Suppositories, etc.*—The administration of medicine by enema is of service when it is desirable not to disturb the stomach, or when the absorption of the medicament by this means is more efficient; also when the local effect of the remedy upon the intestines or neighboring parts is required. Thus opium by suppository is attended and followed by fewer disturbances than by the stomach, and there is less likelihood of causing the opium habit. It would be highly inelegant to give a vermifuge or vermicide dose by the mouth when the seat of the trouble is only in the rectum. Certain

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female complaints can be most benefited by local application to the vagina or uterus.

*Gelatine Vehicles.*—There are a number of these and they are of great service to the one who aims at elegance. Regarding gelatine bougies, Dr. C. L. Mitchell, of Philadelphia, thus sums up their advantages: first, local remedies are easily introduced, thus causing no pain or inconvenience; second, they occupy but very little space, and can be carried in the pocket of the patient, thus avoiding the "tell-tale" appearance of bottles and syringes; third, a thorough and prolonged action of the remedy is produced; fourth, the formation of stricture is prevented, as the bougie acts as a tampon, separating the walls of the urethra and preventing adhesions; and fifth, a great variety of medicaments may be incorporated.

[To be continued.]

## THERAPEUTIC NOTES.

Professor Gross highly recommends the following combination in all cases of inflammation of the sthenic type:—

℞. Liquor potassii citratis *vel.*
Liquor ammonii acetates . ℥ss.
Spiritus ætheris nitrosi . ℥j.
Tinctura aconiti radicis . ♏ij.
Morphia sulph. . . gr. ⅛.

M. Sig.—For one dose, to be repeated every four or six hours as necessary.

If, as often happens, the tongue continues coated, and bad taste in the mouth with nausea, biliousness and constipation remain, then the best remedy will be—

℞. Hydrargyri chlor. mite . gr. iij.
Capsicum . . . . gr. ss.

To be followed in eight or ten hours by a saline.

If, however, the irritability of the stomach be excessive and the inflammation high, so that large doses will not be retained, give hydrargyri chlor. mite, gr. ⅛, with sodii bi-carb. every half hour until the nausea and vomiting cease, and then in a few hours administer a saline.

A laxative should be administered the night before all surgical operations, to clear out the alimentary tract and facilitate the absorption of any medicines that may be needed afterwards. For this purpose Professor Gross frequently orders—

℞. Ol. ricini . . . . ℥ss.
Tinct. opii deod. . . gtts. x.

If, for any reason, a stronger action be desired, the following pill will generally secure three or four soft evacuations:—

℞. Rhei . . . . . gr. ij.
Aloini . . . . gr. ⅛.
Podophyllin . . . gr. ⅛.

M. Ft. pilula.

At other times decided catharsis may be demanded, as in meningitis, cerebritis, etc., where the most happy results can be obtained from a free depletion of the blood through the intestinal canal. In these cases Professor Gross recommends large doses of salines—magnesii sulphatis, ℥j; or Rochelle salts, ℥j; or infus. sennæ comp., ℥iv.

Professor Da Costa gives the following general rules for the treatment of fevers:—

1. Reduce the temperature. The cold bath will do this most rapidly and certainly, but it is troublesome, and not altogether free from danger, and should, therefore, only be used as a last resort. Quinine in full doses is safer, and may usually be relied upon. It should not, however, be repeated too often, as it may produce alarming cerebral symptoms, with diarrhœa and general perturbation.

2. Lessen the rapidity of the circulation. Aconite is the best remedy here, especially if the pulse is full and frequent, but if the circulation is weak, digitalis will act better. Professor Da Costa does not, however, often give either. He prefers to endeavor to reduce the temperature, and so indirectly to control the circulation.

3. Keep up the secretions. Remove the waste of the tissues by diuretics, diaphoretics, and laxatives.

4. Nourish the patient. "Don't starve a fever." Give milk, beef-juice, and other light nutritious food in small quantities, but at frequent intervals. Give the patient plenty of fluids also. Slightly acidulated drinks will be found to be both grateful and beneficial.

Professor Da Costa's experience has been that typhoid fever patients do better, as a rule, on the dilute nitro-muriatic acid treatment than on any other of the many that have been proposed. It controls the diarrhœa to some extent and aids digestion. He generally orders twenty drops of it to be taken every four hours in water or syrup. The circulation is to be sustained at the same time, and the heart's action steadied by the administration of qui-

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nine in tonic doses—gr. vi–x daily; or, better still, by alcohol in small and frequently repeated doses. If the discharges from the bowels exceed three a day, or if they are excessive in quantity they must be lessened by opium or opium and bismuth; or if the stomach be irritable, by opium and carbolic acid or carbolic acid and bismuth. If these remedies prove unavailing, a combination of nitrate of silver or sulphate of copper with opium, will usually be found effective.

For the tympanites, Professor Da Costa recommends cold water applications to the abdomen, injections of vinegar and water, or turpentine stupes externally, combined with the internal administration of ol. terebinthæ gtts. v–x, and morphia sulph., gr. ¼, 8 every two or three hours. The latter plan will be especially valuable if the tympanites co-exist with a dry, glazed, and fissured tongue. The very high temperature that sometimes develops can be most safely and efficiently lowered by either the cold bath or by ice-water cloths on the abdomen.

The other complications are to be treated as they arise.

Professor Bartholow says that in acute rheumatism, as a general rule, subjects of the flabby obese type will be best treated by the alkaline plan, and the thin anæmic subjects by the administration of tincture of the chloride of iron. Muscular robust patients, on the other hand, will usually be more successfully treated by the application of a number of small blisters around the affected joints. Blisters may also be used with benefit in all cases when a relapse occurs, or when the joints remain swollen after the acute attack has subsided.

A PALE, thin, delicate, overworked girl, who had been taking oil of pennyroyal in vain for scanty and irregular menstruation, appeared before the class last month. Professor Parvin, in speaking about her case, said that no mistake was more common than that of trying to remedy the amenorrhœa of anæmic patients by uterine and ovarian stimulants. This girl did not menstruate freely and regularly, simply because there was not blood enough in her system for the full performance of that function. The proper treatment for her and similar patients would be rest in bed, massage, plenty of nutritious food, and the administration of iron and other tonics. Then with the improvement in general health the amenorrhœa will disappear, either spontaneously, or under the action of a few pills of turpentine, aloes, and iron.

### DIGESTIVE CHOLALOGUE.

Dr. Q. C. Smith (N. E. Med. Mo.) gives

| | | |
|---|---|---|
| ℞. | Manganese sulph., | |
| | Ammon mur. . . . | āā ʒij. |
| | Ext. ipecac., fld. . . | gtt. xx. |
| | Glycerin . . . . | fʒj. |
| | Aquæ . . . . | fʒiv. |

Dose. Teaspoonful after meals.

### INCONTINENCE OF URINE.

Dr. Roche gives tincture of cantharides to children for incontinence of the urine. He claims good results in doses of five drops three times a day.—*Lancet.*

### COUGH MIXTURES.

A favorite formula (Br. Med. Jour.) is

| | | |
|---|---|---|
| ℞. | Morph. acet. . . . | gr. iss. |
| | Acid nitric, dil. . . | fʒiss. |
| | Mel. scillæ . . . | fʒvj. |
| | Mucil. acæ . . . | fʒijss. |
| | Glycerine . . . | fʒij. |
| | Syr. papav. rub. . . | fʒij. |
| | Aq. cinnam. q. s. æt . | fʒvj. |

Dose. One or two teaspoonfuls five, six, or seven times in twenty four hours. This is good also for pertussis.

Dr. E. P. Richards (N. E. Med. Monthly) gives

| | | |
|---|---|---|
| ℞. | Syr. scillæ | |
| | Syr. tolu | |
| | Syr. pruni virg. | |
| | Tr. opii camph. . . . | āā fʒj. |
| | Syr. ipecac. . . . | fʒj. |
| | Ammon. mur. . . . | ʒj. |

Dose. One teaspoonful every three or four hours.

### CHLORAL IN CHOREA.

Dr. Mosler relates a case of very severe general chorea in a girl eighteen years old, in which a speedy cure was obtained by chloral. After morphine and arsenic had been given for two weeks without effect, chloral was exhibited in thirty-grain doses, at first four times, then twice, and finally once a day. On the very first day the patient slept soundly, and at the end of a week the choreic movements had ceased entirely. It is worthy of note that the onset of the chorea was preceded by the toothache, a circumstance which has been remarked by other observers.—*Norsk Magazin for Loegevieden.*

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### Witch Hazel as a Hæmostatic.

Dr. W. O. Bridges (Therap. Gaz.) urges the value of witch hazel as a hæmostatic. In cases of bleeding piles, menorrhagia, and bloody oozing from the uterus, he gives two drops of the fluid extract hourly. It has also been recommended for pulmonary hemorrhages, hematemesis, and varicocele.

### Brassicon,

A mixture much in use in the province of Kief for headache, is compounded of

| | |
|---|---|
| Oil of peppermint . . | 30 grs. |
| Oil mustard volatile . . | 6 drops. |
| Camphor . . . . | 10 grs. |
| Ether . . . . . | 1 dm. |
| Alcohol, 90 per cent. . . | 3 dms. |
| Tincture of balm . . | q. s. to color. |

—*Druggists' Circular.*

### Chloral Hydrate in Diphtheria and Croup.

Dr. C. B. Galentin, in diphtheria and croup, applies, by means of a camel's-hair brush, a 25 to 50 per cent. solution of chloral hydrate two or three times a day. He also gives it internally, and regards it as having specific power against the diphtheritic virus, as well as a prophylactic. It acts best when a moderate hypnotic effect is obtained. When the nose is affected, inject freely weak soap suds two or three times daily, followed by a solution (3 to 15 per cent.) of chloral. For the larynx, a dilute spray of chloral, or the vapor of lime and chloral, obtained by slacking a pound of lime in a coffee pot and pouring on it a pint of water in which is dissolved a drachm of chloral. Repeat this every hour for ten or fifteen minutes.—*St. Louis Cour. of Med.*

### Infant Feeding.

Dr. A. D. Blackader (Can. Med. and Surg. Jour.) asks for good working formulæ of foods for infants.

He gives his own, in use at the dispensary, as follows:—

℞. Three tablespoonfuls of fresh milk, not boiled.
One tablespoonful of cream.
Two tablespoonfuls of lime water.
Four tablespoonfuls of barley water or thin gruel.
One teaspoonful of sugar of milk, and a minute quantity of salt.

He objects to the use of the many proprietary preparations, especially such as may be termed milk foods, but adds, "of those prepared from Liebig's formula, Mellin's is undoubtedly the best; and I have occasionally prescribed it with good results."

### Gaultheria in Rheumatism.

Dr. B. H. Seelye (N. Y. Med. Jour.) presents an analysis of one hundred and eighteen cases of rheumatism treated with the oil of gaultheria. It was administered in capsules alone, or with salicylate of sodium in soda water as a flavoring. He used an emulsion of ten minims of the oil to half a drachm each of glycerine and water. When the inflammation of the joint was extensive two drachms of this mixture were given every two hours during the day, and every three hours during the night. Generally within twelve hours great relief would ensue, and by the end of twenty-four hours the pain and swelling had left the joints almost entirely. Generally, tinnitus aurium and deafness, with headache and fullness of the head, would ensue, when the dose was diminished to one drachm every three or four hours. If the evil effects of the medicine became more marked, there was loathing of the drug, nausea, and vomiting added to the above-named symptoms. Then the drug was withdrawn, or the dose greatly reduced, when these symptoms soon disappeared. To prevent relapses, he kept the patient in bed, on small doses, until two or three days after all symptoms of the disease had disappeared, and then gave tonics. Not only is this valuable in acute cases, but even in chronic cases it diminishes the severity of the suffering and often effects a radical cure.

### Unusual Effects of Ergot.

Dr. Faulkner (N. Y. Med. Jour.) reports a case in which a healthy woman, aged 25 years, miscarried April 7th. The after hemorrhage continuing, 20 drops fl. ext. ergot was ordered three times a day on May 20th. May 24th no perceptible effects being observed, teaspoonful doses three times a day were directed, the first dose taken in the evening. On the following morning the patient's forearms, hands, legs, and feet were red and swollen, the lower limbs sore, tender, and heavy. The patient was nervous, restless, cold and sleepy. There were pricking sensations in the limbs. On the following morning these peculiar symptoms had passed off, but soon returned after taking another dose of ergot.

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### Emetics.

Professor Gross thinks that the good effects to be obtained from the judicious use of emetics are not sufficiently appreciated. Of course, the existence of an inflammation below the diaphragm, or of a large wound, or a serious injury, will forbid their employment. In other cases, though, of the sthenic type, where the tongue is parched and coated, and the skin is dry, hot, and prurient, they will often act like a charm. The stomach is relieved of a mass of offensive material, free perspiration follows, and the pain and discomfort are at once removed. For this purpose give mustard ʒss, sodii chloridi ʒj, in a tumbler of warm water, or zinci sulphatis gr. xx. If, however, it be desired to stimulate the intestinal glands as well as the skin, give twenty grains of powdered ipecacuanha, or two grains of tartar emetic.

### Cancer of the Genital Organs.

With reference to the local treatment of cancer of the generative organs Professor Parvin says that after getting rid of as much of the diseased mass as possible by the knife and curette, the following application will give very satisfactory, though only temporary results:—

℞. Bromine . . . . . ʒj.
Iodine . . . . . ʒj.
Carbolic acid crystals . . ʒiv.
Alcohol . . . . . ʒj.

### Diuretics.

Professor Gross considers pure water to be the best of all diuretics for fever patients. It will generally be found more agreeable and refreshing if given in the form of lemonade, to which a little acetate or bi-carbonate of potassium has been added.

In cases where the circulation is feeble, and a heart tonic, as well as a diuretic, is demanded, no better preparation can be administered than infusion of digitalis in from two- to four-drachm doses, several times daily, or citrate of caffeine in five-grain doses.

If, however, the pulse be full and strong, and a general sedative, diaphoretic, and laxative, as well as diuretic, effect be desired, Professor Gross recommends—

℞. Magnesia sulphatis . . ʒij.
Antimonii et potassii tart. . gr. $\frac{1}{10}$
Morphia sulphatis . . gr. $\frac{1}{18}$
Tinct. aconitii radicis . . ♏j.
Aqua . . . . . ʒss.

M. Sig. For one dose, to be repeated as may be necessary.

### Erysipelas.

Professor Da Costa's new method of treating erysipelas by the hypodermic injection of pylocarpin, which was reported in our last issue, has since been carried out at the Pennsylvania Hospital with uniformly good results. Some of the patients exhibited a greater resisting power to the influence of the remedy than others, and required a second or third dose before its effects were manifested. In every case, however, the inflammation subsided as soon as free perspiration was induced.

### Chronic Malaria.

A marked case of chronic malaria with tertian outbreaks was shown at the Jefferson Hospital clinic a few days ago. The patient, a man æt. 26., had malarial trouble for a year or more. He had chills and fever at various times during the past month, two severe paroxysms within three days before coming to the clinic, and feared another one on the following day. He, in addition, complained of suffering from aching of the limbs, and a feeling of general discomfort. His heart was slow and somewhat irregular in action, his bowels were constipated, and the splenic dulness enlarged. After reviewing the general features of the case, Professor Da Costa told the class that the indications here were, 1. Prevent the anticipated paroxysm; 2. Get rid of the cachexia. With these ends in view, the patient was directed to take two compound cathartic pills at once, and four grains of quinine four hours afterwards; then eight grains of quinine early in the following morning, and eight more at eleven o'clock on the same day. He was also directed to take four grains of quinine every morning for a month, doubling the dose every seventh day from the advent of the chill. In addition he was ordered—

℞. Liquor potassii arsenitis . ♏iij.
Tinct. nucis vomica . . ♏vij.
Tinct. cinchonæ comp. . . ʒj.

M. Sig. For one dose, to be taken three times daily.

### Capillary Bronchitis.

Professor Bartholow states that acute and capillary bronchitis will often be relieved by tartar emetic and opium, if the stomach is not in too irritable a condition.

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Now is the time to subscribe for The Medical Bulletin for 1885.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y., Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Jan. 1885.

## *INJURIOUS ADVERTISEMENT.*

IS it not time to call a halt? We are led to this remark by noticing an esteemed periodical for "Boys and Girls," which presents, in its advertising columns, pages extolling the values of certain remedies. Now, such a journal is supposed to go almost entirely into the hands of children, and is such advertising matter exactly the right thing to place before their immature minds?

Years ago the Public Ledger of this city determined to refuse to admit to its columns all advertisements of a certain character, as not being fit for the general public to read. This was a move in the right direction, and the immense circulation of that excellent paper shows the advantage that has followed such a course. As the average newspaper reader scans the columns of his favorite paper, the mind is led to dwell upon the nostrums,—cures for every ill under the sun. The symptoms are closely followed, and can we wonder that the ready imagination jumps to the conclusion that such a disease as there described is gnawing at the vitals, and that the remedy so highly lauded must be procured without delay, in order that life may be saved.

Nor, with the numerous certificates so freely presented, can we equally fail to understand why so much money and valuable time is spent upon articles which, to say the least, are useless, if not harmful.

It is a singular fact that in very many instances people who really are, or perhaps imagine themselves, ill, consult the editor of a daily newspaper rather than a physician. Perhaps one cause of this may be the desire to save money in the shape of a fee. Yet such people, on a moment's reflection, would see that they could as cheaply and more easily obtain skilled advice at the nearest dispensary. No city in America seems to be better supplied with establishments where medication is made easy.

In looking over the edition of Dr. Atkinson's Medical Register and Directory for 1884–85, just received, we find dispensaries, hospitals, homes, and a host of similar places, which would seem to provide for every one, of every creed, color, and nationality, in Philadelphia.

## *NEW YORK STATE MEDICAL ASSOCIATION.*

WE are glad to congratulate our friends in New York upon the great success which has attended the inauguration of their organization. We are glad also to chronicle the fact that the State Medical Society of Pennsylvania was well represented on that occasion. Dr. Henry H. Smith, late president of our State body, was present, and was ably sustained by such gentlemen as Drs. William H. Pancoast, Samuel W. Gross, John H. Packard, William B. Atkinson, and others of equal merit.

Once more at the sessions of the American Medical Association will the great State of New York be represented. If we may judge by the large attendance, the calibre of those present, and the number and value of the papers presented, we may regard the new Association as an assured success, having sprung ready armed into existence.

## *NATIONAL BOARD OF HEALTH.*

LET Congress at once proceed to reorganize our National Board of Health. Give it power and money sufficient fully to carry out the measures that its members, in their united deliberations, may determine to be necessary to put our whole country into a position of armed defense, as it were, against the inroads of cholera, or any other epidemic which may threaten us. Let our national legislators remember what may be the cost to the whole country, the individual cost it may be in cer-

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tain instances, if such an invasion occurs as that from which parts of Europe have been and still are suffering.

Perhaps it would be well if these gentlemen, who are supposed to have been selected for their high positions from a belief in their wisdom and far-sightedness, were brought to a face-to-face view of the consequences of allowing preventable diseases to flourish in our midst. On one occasion the writer was pleading for the establishment of a Board of Health for a certain community. He was viewed askance, as one "after the spoils," but when he spoke of the possibility of preventing by such means the ravages of scarlatina, of diphtheria, of spinal meningitis, a more careful and respectful attention was granted him.

In this connection we would commend to Congress, and to all, the views of Dr. John H. Rauch, the able secretary of the State Board of Health of Illinois. These were set forth in a paper read by him at the recent Sanitary Conference, held in St. Louis.

After the many failures of the committee of our State Medical Society to obtain from our own Legislature a Board of Health for the State, we feel that it is almost useless to hope for such legislation until there is a thorough and radical change in the body of men who biennially assemble at Harrisburg. Perhaps, under the stimulus of the fear of approaching pestilence, we may find the majority imbued with more sensible ideas than those which they seem generally to have held.

## *MUTUAL AID ASSOCIATION.*

WE learn with much pleasure that the Mutual Aid Association of the Philadelphia County Medical Society has determined, through its energetic Board of Directors, to make a renewed effort to place itself in a position for active usefulness. Its treasury has now about $3500, and about $2000 more is required. Its expenses are, and have always been, kept at the zero point. Its funds are invested in the best stocks in the country, and it deserves at the hands of those who have been blessed with an abundance of this world's goods immediate and full recognition.

# COLLEGE GOSSIP.

*Jefferson Medical College.*

Dr. Rolondo Kuehn (Class of 1883), formerly surgeon on United States steamer "Mariposa," is now Government Resident Physician in Lahama District, Island of Mani, Sandwich Islands, about fifty miles from Honolulu.

Dr. Charles Meigs Wilson (Class of 1882) has been appointed Lecturer on Obstetrics at the Philadelphia Lying-in-Charity.

Dr. F. H. Patton (Class of 1866, Post-Graduate, 1883) has been appointed Surgeon to the National Military Home, Dayton, Ohio.

Dr. William C. Cahall, of Philadelphia (Class of 1879), was married on October 28th to Miss Emma Turpin.

Dr. George McClellan will continue his course of lectures on Surgical Anatomy and Operative Surgery throughout January and February, at the Pennsylvania School of Anatomy, Tenth and Medical Streets. The lectures are given every Monday afternoon at three o'clock. A cordial invitation to be present is extended to physicians in general.

*University of Vermont.*

Dr. W. Oliver Moore, of the Manhattan Eye and Ear Hospital, New York, has been elected Professor of Diseases of the Eye and Ear.

Dr. Stephen S. Burt, of New York, has been elected to the chair of Physical Diagnosis.

# NOTES, QUERIES, AND REPLIES.

YELLOW FEVER WITH BLACK VOMIT.

TO THE EDITOR: In September, 1877, while lazaretto physician, there was brought to me off a vessel from Pensacola, Fla., where yellow fever was prevailing, a patient suffering from the above disease. He had been sick four days before coming under my care. The treatment consisted of a foot bath followed by quinia for the first few hours. The following day the black vomit set in, when he was immediately put on the following mixture, repeated every three hours, viz:—

℞. Pure carbolic acid . . . grs. ij.
Quinine . . . . . grs. ijss.
Brandy . . . . . ℥ss.
Glycerine a small quantity.

The vomit continued for about twenty hours, after which he began slowly to improve, recovering in fourteen days, his recovery being tedious

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but effectual. After the vomiting had been checked there appeared a severe swelling of the parotid gland, which was treated with a raw onion poultice, causing it to discharge its contents through the ear, when the swelling subsided.

I attribute the cessation of the black vomit and the subsequent recovery of the patient to the carbolic acid especially, and would employ the same medication in any other similar case I might meet.

From the results obtained in this instance I am inclined to the belief that the same remedies would be applicable in typhoid or gastric fevers, and would like to learn the experience of others with similar cases.

D. K. SHOEMAKER, M.D.

## MEDICAL NEWS AND MISCELLANY.

WANTED.—Copies of THE MEDICAL BULLETIN for August, 1882, Vol. IV., No. 8. Will pay liberally for them. Address THE MEDICAL BULLETIN.

THE annual prize of $50, offered by the Baltimore Academy of Medicine for the best thesis read by a member during the year, has been given to Dr. John N. Mackenzie. Dr. Mackenzie's paper was read before the Academy on January 15, 1884, and was entitled: "Irritation of the Sexual Apparatus as an Etiological factor in the Production of Nasal Disease."

TO THE READERS OF THE BULLETIN.—We would ask your special attention to the advertisements in this issue of THE BULLETIN. Many important changes have been made in them, and a large number of advertisers are represented herein for the first time.

In no way can you keep so well posted on the new and elegant preparations offered you, as by continuously reading the advertisements of the enterprising houses who take advantage of this method to reach the profession in a commercial way.

Since the publisher excludes all but well-known firms, of established reputation, you are respectfully urged to patronize directly each and every one of our advertisers, as occasion arises. Most of them generously furnish choice samples of their goods, or valuable literature pertaining thereto, and we are led to believe that our professional friends do not fully appreciate the advantages thus offered for experimentation and original investigation. They devote their time and money in catering to our tastes and needs, and we at least owe them an investigation of their claims.

IF you will mention THE MEDICAL BULLETIN whenever you write to any of its advertisers, you will assist us in our endeavor to give you the largest and best medical journal published for a dollar a year, and we will feel that you are favoring us in so doing. By the co-operation of reader, advertiser, and publisher, we believe all will be greatly benefited.

MEDICAL EXAMINERS. — The Philadelphia County Medical Society has already held two well attended meetings for the discussion of the proposed bill appointing medical examiners for the State of Pennsylvania. The discussion has been full and energetic. Much of its success before the Legislature will depend upon the harmony shown by our medical associations.

BOARD OF HEALTH.—We understand that a new bill creating a State Board of Health will be offered and passed at the approaching session of our State Legislature. It is earnestly to be hoped that this time it may be passed. We learn that as yet little or no action has been had in furtherance of the plan offered at the last session of the State Medical Society. We understand that it was intended to educate the people throughout the State as to the value of a Health Board. Gentlemen, get to work.

THE NEW ENGLAND MEDICAL MONTHLY says, "The British Medical Association now numbers about 12,000 members. How long will it be before the American Medical Association can make a like boast?" Well, brother Will, we learn from the permanent secretary, Dr. William B. Atkinson, that the recent change in the law by which any member of a County or State Medical Society can become a member by application, has already added a number of members throughout the entire country, and he expects this to be but the beginning of a great influx as soon as the plan becomes more fully understood.

DR. SQUIBB suggests that nauseous salines are best taken dilute with ice water. Take a mouthful or two of ice-water before and after the dose, which should be taken in a wineglassful of ice-water.

THE second annual meeting of the Ohio State Sanitary Association will be held in Columbus, Ohio, on February 5th and 6th, 1885. Papers will be presented by a number of the most prominent physicians and sanitary workers in the State. Programmes containing full information can be obtained by addressing the secretary, Dr. R. Harvey Reed, Mansfield, Ohio.

DR. J. WEICHSELBAUM, Savannah, Ga., has been using the oleate of iodine with gratifying results in cases where the external use of the tincture or the ointment of iodine was indicated.

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DR. H. B. RITTER (Med. Herald) finds Indian hemp one of the most valuable hemostatics. It is equal to ergot, and often succeeds when that fails. The dose is twenty to thirty drops of the tincture every two or three hours. The best vehicle is syrup of acacia. The extract may be given in pill in one-half to one-grain doses.

DR. THOMAS DUNCAN has used *puff balls* in *uterine hemorrhage*. He divided a ball in half, excited it, tied a thread around it, and introduced it into the vagina up to the os. In twenty-four hours he removed it, and found the hemorrhage had ceased. Dr. Jas. Robinson succeeded with injections into the uterus of raw whiskey.

THE USE OF ICHTHYOL IN ECZEMA.—Dr. Alex. J. Sinclair has treated of late several cases of eczema with ichthyol, and met with a fair amount of success. The numerous remedies applied for the cure of this disease are of themselves an indication of its obstinate and intractable nature; one, therefore, hails with delight some new remedy by means of which one may possibly effect a cure. The following case indicates that ichthyol, although in many cases an useful remedy, must be used with caution, and is not altogether devoid of danger. A child four months old, suffered from chronic eczema of the head and extremities. An ointment, made up of one part of ichthyol to five parts of vaseline, was rubbed over the parts affected. Within two hours of the application, the child sank into a stupor, from which he could with difficulty be roused. This condition lasted for twelve hours, during which time he was unable to suck, and could with difficulty be made to take nourishment. His recovery was complete.—*British Med. Journal.*

RING-WORM OF THE SCALP.—Dr. A. Bernard, in an obstinate case, where failure had followed a variety of treatment, omitted all, and relied on washing the part twice daily with soft soap and tepid water. In a short time the disease disappeared and hair covered the bald patches.

A NUMBER of writers commend mullein for winter coughs. A pound of the root is boiled in two quarts of water to a quart; dose half a wineglassful three or four times a day.

PORTABLE ANTISEPTIC.—Professor Lister has recently recommended, as a portable antiseptic, a saturated solution of corrosive sublimate in glycerine; a fluid drachm of this solution being sufficient to convert about four pints of water into one in a hundred solution. The glycerine solution doubtless occupies a comparatively small bulk, and is readily mixed with water; but it is not very convenient to manipulate in measuring small quantities, and if the bottle containing it should be broken, or become uncorked while being carried with other things, the result is unpleasant.

A much more handy way of carrying the corrosive sublimate is to prepare powders, each containing ten grains of the salt and chloride of ammonium. One of these mixtures will dissolve in a little water in a few seconds; and, on diluting up to a pint, a solution is obtained of the strength of one in nine hundred and sixty. A few of these powders, wrapped around with guttapercha tissue to avoid deliquescence, can readily be carried in the pocket-case.—*British Med. Jour.*

DR. R. I. BROMLEY has been treating cervical catarrh with hot water retrojected from the internal os outwards. He has invented an instrument by means of which several quarts of hot water can be passed through the cervical canal from the inner os outward, without any escaping into the uterine cavity. Starting at a temperature of 115°, he gradually increases until 140° is reached. He claims cures of acute catarrh in three days, the average duration being seven to ten days. Congestion is readily relieved, leucorrhœa checked, and granulating patches speedily heal. The pain is promptly relieved without anodynes, and the sense of weight and discomfort in the pelvis is relieved.

DEATH has within a few weeks carried off the venerable Dr. L. A. Dugas, of Augusta, Ga., so well known in the South; Dr. Harvey L. Byrd, of Baltimore; Dr. Samuel M. Berniss, of New Orleans, equally well known in the South.

DR. HENRY A. MARTIN, of Boston, died December 7th. Dr. M. was well-known to the profession as the inventor of the strong rubber bandage as a dressing. He has been actively engaged, with his son, for a number of years in the cultivation of bovine lymph. He contributed a valuable paper on this subject to the Transactions of the American Medical Association.

DR. JAMES G. THOMAS, of Nashville, Tenn., died suddenly at Washington, during the meeting of the Committee on Organization of the International Medical Congress.

DR. WM. DARLING, of New York, died on the morning of December 25th.

DR. WM. H. THORNDYKE, of Boston, died December 26th.

Both of these gentlemen were well-known surgeons.

DR. T. S. BELL, of Kentucky, died December 27th.

DR. GEORGE H. ATKINSON, of Brooklyn, N. Y., has just fallen a victim to his profession, having died from a poisoned wound received during an operation.

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With sincere regret we learn that Dr. C. C. Shoyer, one of the oldest and most popular physicians of Leavenworth, Kan., died at his home in that city on December 7th from blood-poisoning. Dr. Shoyer, who had many friends and relatives in Philadelphia, graduated in 1860 from the Jefferson Medical College. He located in Leavenworth in 1864, and by his ability and energy soon succeeded in establishing a large and lucrative practice there.

As we go to press we learn, with deep regret, of the death of the wife of our genial friend Dr. James R. Taylor, of New York. All who have been so fortunate as to meet this lady socially, especially those who have enjoyed the hospitalities of the doctor's charming home, will recall her gentle, winning ways, and experience a pang of regret that she is no more.

# NEW INVENTIONS.

## *VAGINAL DISTENDOR AND IRRIGATOR.*

THE accompanying cuts represent the last of a series of useful instruments invented by Dr. H. G. Farr, of Boston, Mass.

FIG. 1.

FIG. 2.

FIG. 1 represents the distendor closed, and in condition to be introduced into the vagina; whence it is inserted in a manner similar to the insertion of a bi-valve speculum.

After the distendor is in position a hard-rubber, tapering syringe-pipe is passed between the blades, separating them to the desired extent, thus distending the vagina in every direction. Then, by attaching an ordinary syringe to the pipe, the entire vagina can be thoroughly cleansed, the wire blades not interfering a particle. The syringe-pipe is pierced by nine holes, so arranged as to convey the fluid used in as many different directions, as shown in FIG. 2.

One of the strongest points of this truly valuable invention is its simplicity, and we believe it will soon come into universal use.


## PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, such as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. THE BULLETIN goes to press on the 20th of each month, and to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits will be impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, professional and business changes of physicians and pharmaceutists, will be published gratuitously, provided the announcement does not exceed five lines in type.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements are inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, when making purchases from our advertisers, that their attention was attracted by the handsome style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

**F. A. DAVIS, Att'y., Publisher,**
1217 Filbert Street, Philadelphia.


# BOOK REVIEWS.

*A Text-Book of Practical Medicine Designed for the Use of Students and Practitioners of Medicine.* By ALFRED LOOMIS, M.D., LL.D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York; Visiting Physician to Bellevue Hospital, etc. With two hundred and eleven illustrations. New York: William Wood & Co., 1884.

Professor Loomis has so long been known as one of the ablest of American teachers and practitioners of medicine, that this admirable volume needs no commendation. Based as it is upon the author's extended experience, and being mainly a revision and an elaboration of the lectures delivered by him during the last eighteen years in the University of the City of New York, it is, indeed, a practical book for practical men. In the preparation of this work, the author's experience as a medical teacher so convinced him of the value of appropriate illustrations, that he has introduced into it a series of well-executed plates faithfully portraying the morbid changes and objective symptoms of various forms of disease. Among the engravings especially worthy of notice are those of the tubercle bacillii from phthisical sputum, the lungs in successive stages of pneumonia and phthisis, and the heart in the many forms of valvular disease.

Throughout the entire work Professor Loomis has judiciously avoided the discussion of merely theoretical questions, thereby setting an example

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which the busy practitioner might wish were more generally followed. Due prominence has, however, been given to all the latest advances in the different departments of medicine. No authenticated fact has been overlooked or lightly considered. Koch's discovery of the bacillus tuberculosis is admitted as confirmed by the most competent observers, but its etiological relation to phthisis as yet rests solely upon Koch's demonstration.

On questions of diagnosis, prognosis, and therapy, Professor Loomis speaks with the certainty that comes from actual knowledge. He regards most cases of acute phthisis as hopeless, but makes the gratifying statement that "chronic pulmonary phthisis is not necessarily a fatal disease. Its morbid processes may be arrested in their early stage in a large proportion of cases. In the advanced stage of cavities proper treatment will prolong life, and in some cases permanently arrest the progress of the disease." He divides the treatment into prophylactic, medicinal, and hygienic. "The most constant and important symptom of phthisis is fever, and its reduction is, therefore, one of the most important things to be accomplished in the management of a case, for the wasting, the cough, the expectoration, and the rapidity of the phthisical processes are closely connected with the fever. Of all the antipyretics in the treatment of the fever of phthisis, the sulphate of quinine is the most reliable, but it must be remembered that rest is equally important." According to the author's observation, catarrhal phthisis is not benefited in regions of very high altitudes. "Each case must be carefully analyzed before any definite directions can be given as to the climate best suited to it. . . . Some patients thrive best in a warm sedative climate, others in a cool stimulating climate. Extended clinical observation leads one to believe that it is neither the heat nor cold of a certain locality, but the *absence of sudden and frequent changes* which makes it so beneficial to phthisical invalids."

In reference to cholera, Professor Loomis says that "it is evident from the experiments made by Dr. Sanderson that the specific poison of cholera is contained in the discharges from the mucous surface of the alimentary canal, that it is not infectious when fresh, but that it acquires virulent infectious properties in from two to four days, and that it is rendered innocuous by cold." . . . "The first great object of medicinal treatment is to control the prodromal diarrhœa. . . . For the accomplishment of this, opium is the most reliable drug; it may be combined with nitrate of silver, sulphuric acid, small doses of calomel, or vegetable astringents. . . . When the disease is fully established, as indicated by the projectile vomit and rice-water stools, the treatment becomes symptomatic or expectant. In the stage of collapse iced brandy or champagne given repeatedly and in small doses is the best stimulant; musk and ammonia are also recommended."

We much regret that our space will not permit us to make any further extracts from this valuable work. Suffice it, therefore, to say that the same general clearness and accuracy are manifest throughout its pages. No equivocal statements are made, no doubtful remedies proposed, and no effort has been spared to make it a concise and complete text-book of practical medicine.

*Elements of Pharmacy, Materia Medica, and Therapeutics.* By WILLIAM WHITLA, M.D. (Q. U. I.), Physician to the Belfast Royal Hospital; Consulting Physician to the Ulster Hospital for Diseases of Women and Children; Vice-President of the Ulster Medical Society, etc. Second edition. Henry Renshaw, London, 1884.

This little work was mainly written, as the author modestly states, for the use of students of medicine. The most cursory examination, however, will show that it possesses merits far above that of many more pretentious volumes. Every page displays a thorough appreciation of the knowledge required, not only to pass a critical examining board, but also to meet the emergencies of every-day professional life. Dr. Whitla is also a master of the art of condensation, and has so deftly arranged his subject matter as to present the greatest amount of necessary information in the smallest amount of space. The student is first given a full explanation of the various processes of practical pharmacy. Materia medica and therapeutics are then considered in separate chapters, in which the source, appearance, dose, action, and uses of every preparation in the pharmacopœia are stated in a clear, concise manner, avoiding all useless repetition. Non-official, but valuable remedies, receive due attention. An admirable posological table, and a complete list of poisons and their tests and antidotes, considerably add to the value of the work.

*Whooping-Cough; Its Pathology and Treatment.* A Prize Essay; to which the Medical Society of London awarded the Fothergillian Gold Medal. By THOMAS M. DOLAN, M.D., Fellow of the Royal College of Surgeons, Edinburgh; Fellow of the Obstetrical Society, London; Fellow of the Medical Society, London, etc. Author of the Nature and Treatment of Rabies, etc. Baillier, Tindall & Cox, London.

This elaborate essay presents the results of a careful study of the origin, pathology, and treatment of whooping-cough. The author, Dr. Thomas M. Dolan, of Halifax, England, was

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physician for a number of years to a large children's asylum, and had, besides, an extensive practice in districts where that disease was rife. He therefore had an unusually ample opportunity to endeavor to trace its cause, and determine the influence of remedies on it. As the result of observation and experiment, he believes that it is due to the entrance into the system of a specific contagious poison, which has a peculiar predilection for the mucous membrane of the air passages, and is to be found there rather than in the general circulation. Rabbits injected with the blood of whooping-cough patients manifested but little uneasiness. When, however, they were inoculated with some of the sputa or nasal secretions, they developed pneumonia and died in a couple of days. While Dr. Dolan did not succeed in isolating the contagious principle, he is confident that further investigations will reveal its exact nature, and enable us to apply a specific plan of treatment. Clinical experience, however, and the facts already discovered, show that in all cases the physician should endeavor 1st, to relieve irritation; 2d, lessen inflammation; 3d, prevent the accumulation of mucus in the bronchial tubes. Careful attention must be paid throughout to the state of the alimentary canal, and the little patient's strength kept up by appropriate food and stimulants. Dr. Dolan has obtained conspicuous benefit from the insufflation of chlorate of potassium during the second or convalescent stage.

*Handbook of Diseases of the Eye.* By H. R. SWANZY (Dublin). D. Appleton & Co., New York.

The first work of this author will command the attention of the student and ophthalmic surgeon on account of its perspicuity. Each topic is presented in a clear and concise manner; no pains have been spared to make the descriptions of the various diseases and different operations throughout the book as brief as is necessary in a work of this kind. Especial attention should be paid by the student to chapters I., II., III., which deal with the rudiments underlying refraction; under chapter III. we find the theory and practical application of retinoscopy discussed; as this is one of the simpler methods of diagnosing or estimating or correcting ametropia, it should be carefully read by the student. The nineteen chapters following treat of the diseases of the eye. The ophthalmic surgeon will find many new topics which have been hitherto omitted from works of this kind, and he will turn with interest to chapter XIII., which deals with sympathetic ophthalmitis; for in this chapter the author not only calls attention to the difference between sympathetic irritation and sympathetic ophthalmitis, but also certain rules are given to guide one in the treatment of this disease. According to the author sympathetic irritation is a reflex neurosis, while sympathetic ophthalmia is an inflammation propagated to the sympathizing eye by direct continuity through the optic nerves and chiasma from the exciting eye. The rules which guide our author in the treatment of sympathetic ophthalmia do not differ essentially from those laid down by Mauthner. Chapter XIV., on the motions of the pupil in health and disease, makes this book one of the most valuable yet published, for nowhere in our language have we as complete an exposition of the physiology of the iris. Numerous woodcut engravings illustrate the text, describing the operations on the eyelids and globe. Holmgren's test for color-blindness is demonstrated by having a set of wools pasted into the cover of the book. This work will become deservedly popular among students and practitioners. L. W. F.

*The Medicine Stamp Tax.* By C. E. MEETKERKE. Wyman & Sons, London, 1884.

In this admirably written pamphlet Mr. Meetkerke presents several forcible reasons for the repeal of the British law which requires a stamp to be affixed to all patent medicines, and medicines of foreign origin. He points out the fact that by enhancing the cost of imported drugs, it is a grievous burden to the poor in the hour when they can least afford to bear it. He also exposes the way in which it is used to promote quackery, and foist worthless or injurious articles upon the credulous public, who look upon the government stamp as a guarantee of the goodness of the preparation. The attention of the British government has been repeatedly called to the advisability of repealing the law, both by the Medical Association and the various medical journals, and we sincerely trust that in a short time it will be swept from the statute books.

*Transactions of the Medical Society of New Jersey.* By WM. PIERSON, M.D., Recording Secretary, 1884.

This interesting volume contains a full account of the proceedings of the last annual meeting of the Medical Society of New Jersey.

In addition to the report of delegates and district societies, it contains a number of contributed papers of more than ordinary value. The address of the president, Dr. P. C. Barker, of Morristown, on "Living and Dying," is especially worthy of notice as a masterpiece of eloquence and research.

*Transactions of the Minnesota State Medical Society.* By C. H. BOARDMAN, M.D., Recording Secretary, St. Paul, 1884.

This well arranged volume contains an account of the proceedings of the sixteenth annual meeting of the Minnesota State Medical Society, and is marked throughout by the same high stand-

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ard of merit which has always been so characteristic of the annals of that society. The papers presented were thoroughly practical, and the reports of the various committees are models of conciseness and comprehensiveness.

*Sixth Annual Report of the State Board of Health of the State of Rhode Island, for the year ending December 31, 1883.* By CHARLES H. FISHER, M.D., Secretary, Providence, R. I.

This volume contains a full account of the proceedings of the Rhode Island State Board of Health for 1883. It also contains a series of valuable tables of vital statistics, a tabulated account of the acute diseases prevalent in the State during the same year, and a valuable address on "Associated Sanitary Effort," by the energetic secretary, Dr. Fisher.

*Proceedings of the Philadelphia County Medical Society.* Vol. VI. Containing a report of the transactions of the Society from September, 1883 to 1884. Edited by the Publication Committee, Drs. W. R. D. BLACKWOOD, EDWARD J. NOLAN, and HENRY LEFFMANN.

This volume is the first record of the transactions of the Society that has been printed entirely under its own charge, and is a sufficient proof of the wisdom of the Society's determination to control the publication of its own proceedings. The members of the Publication Committee are to be congratulated upon the admirable manner in which they performed their delicate and difficult duty. All of the articles are of an eminently practical nature. The majority of them have been copied into the leading medical journals, where they attracted widespread attention.

*Lectures on the Principles and Practice of Medicine.* Delivered in Chicago Medical College, Medical Department of the Northwestern University. By NATHAN SMITH DAVIS, A.M., M.D., LL.D., Dean of the Faculty, and Professor of the Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College, etc. etc.

The lectures comprised in this excellent work are characterized by the same clearness of expression and soundness of judgment which have been so manifest in all the writings of Professor Davis, embracing substantially the course of instruction given by him in the Chicago Medical College. They will be cordially welcomed not only by the thousands of graduates of that school, but also by the profession in general, with whose progress he has so long been identified. The most attractive feature of these lectures is their essentially practical character. The fullest attention is given to diagnosis, prevention, and treatment; but little or no space is wasted upon irrelevant theory. The folly of attempting to trace all forms of disease to a common origin, and the impossibility of relieving all morbid conditions by the application of the same methods of treatment is well pointed out. On the other hand, the student is emphatically warned against the equally mischievous absurdities of that therapeutic skepticism which denies or distrusts the value of medicinal treatment, and would leave the patient unaided to struggle with disease. The advocates and deluded followers of this doctrine of inaction and unbelief are well described by the author as "possessing no definite scientific or theoretical standpoint of observation, being swayed by the general current of reaction from the antiphlogistic system, and captivated farther by the simplicity of the doctrine that all disease is a diminution of life, and partly by the plausible eulogies of nature, and her all controling power of disease, they have become essentially skeptical in therapeutics, and content to regulate the hygiene of the sick room, amuse the patient with placebos, and wait for nature to cure the disease." In reference to the laudations which are so freely bestowed on "nature" by these medical dilletanti, Professor Davis fittingly says: "If when you use the expressions, efforts of nature, powers of nature, *vis medicatrix naturæ*, etc., you simply mean the action of some organ to eliminate morbid material, or to compensate for the deficient action of some other organ, or the sedative effect of some retained excretion in overcoming the morbid excitability and muscular spasm that had caused its retention, there is no objection to such use. But when 'nature' is installed in the human system as a personal entity, and clothed with attributes of intelligence, and the phenomena of disease represented as the efforts of such nature to resist some morbid impression, and consequently not to be interfered with by art, it becomes not merely a fanciful goddess, but a positive hindrance to the advancement of practical medicine." The author's views are expressed in every chapter in the same terse and decided manner. His well-known opposition to the use of alcoholic stimulants in medicine is restated and justified. "Because, for more than thirty years past, I have faithfully tested the correctness of the sentiments I have given you in relation to the therapeutic effects and uses of alcoholic liquids in an ample clinical experience, both in hospital and private practice, and during all that time I have found no case of disease, and no emergency arising from accident, that I could not treat more successfully without any form of distilled or fermented liquors than with them." His belief in the superiority of the metric system, and his faith in its speedy adoption in this country, is shown by its use throughout the entire work, the equivalent measures of the old apothecaries' system being, however, given in brackets. Every page of the book

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bears the impress of the author's individuality, close observation, earnest study, and wide experience, and as the finished product of fifty years of practice and thirty-five years of medical teaching, we predict for it a foremost place in American medical literature.

*The Nature and Treatment of Rabies, or Hydrophobia.* By THOMAS M. DOLAN, M.D., Fellow of the Royal College of Surgeons, Edinburgh; Fellow of Medical Society, London, etc. Being the Report made for the Medical Press and Circular. Second edition. Bailliere, Tindall & Cox, London.

Rabies, or hydrophobia, has so long been the opprobrium of medicine and the dread of mankind, that undoubtedly the popular belief of its relentless and horrible fatality would seem to be true. Indeed, even among physicians, the conviction is almost universal that the patient's sufferings can have but one ending, and that science can give no other comfort to its victims than to smooth the path to death. Unwilling to acquiesce in this dismal doctrine, the public-spirited editors of the Medical Press and Circular commissioned Dr. Thomas M. Dolan, of Halifax, England, to make an exhaustive inquiry into the pathology, symptoms, and treatment of that dread disease. The investigations of this acute observer, which were published in that journal, have been copied into other leading medical and scientific journals of Great Britain, and did much to reassure the popular mind, which was then frantically excited on that subject. They are now republished in book form, and constitute a most valuable contribution to medical literature, which will bear fruit in the saving of many important lives. As justifying the physician in holding a more hopeful view, the author gives in his first chapter a synopsis of one hundred and fifty reported cases, with their period of incubation, treatment, and morbid anatomy, wherever a *post-mortem* could be held. Twenty-five of these cases are rejected as being instances of meningitis, laryngitis, tetanus, and acute mania, which were mistaken for rabies, and twelve more are considered doubtful. There still remain, however, one hundred and thirteen cases of genuine rabies, of which ten were undoubtedly cured. Of the fatal cases, it is probable that the rapid exhaustion of the patient, and the *post-mortem* appearances were, in more than one instance, due rather to the drugs administered than to the disease. The period of incubation is stated to be from one to three months. So that the physician, whilst not neglecting any reasonable precaution, "can hold out reasonable hopes to his patient of almost perfect immunity after three months, and an increasing hope with every month that passes, so that after a year, he may afford a scientific certainty of the patient's recovery." The treatment is naturally divided into preventative and curative. The wounded part should be freely excised, or suction practised whenever possible, free bleeding should be encouraged, and the wound freely cauterized, either with the hot iron or strong caustics. If these measures are promptly applied further mischief will rarely follow. If they, however, prove insufficient or the wound be neglected, and constitutional symptoms develop, the happiest results may still be obtained from a bold but judicious management of the case. As Dr. Dolan well points out, sedation is to be the rule. Absolute quietude is to be maintained as far as possible. The Turkish, or vapor bath, by promoting free diaphoresis, will be found a useful adjuvant to the internal administration of hypnotics. Finally, there is every reason to believe that by timely use of curare the convulsive spasms can often be moderated, until the violence of the disease has passed. In support of these views, Dr. Dolan has presented a strong array of facts, which cannot fail to carry impression to the minds of his readers, and which will exercise a strong influence in the future treatment of this disease.

*Clinical and Surgical Figures.* By Lebon & Co., London.

This useful and decidedly unique publication, consists of a series of diagrams of the different portions of the human body in outline. They are all anatomically correct, and artistically executed, especially those of the brain and nervous system. The physician who desires to keep or publish an illustrated record of his more important cases, will find them to be of invaluable assistance.

*An Aid to Materia Medica.* By ROBERT H. DAWBARN, M.D., Late Resident Physician to the Nursery and Child's Hospital, New York City. New York: J. H. Vail & Co., 1884.

This useful little book presents in brief space all the drugs and preparations of the Pharmacopœia of 1880, with their doses expressed in both the apothecaries and metric systems. The common names, pronunciations, and pharmaceutical derivations of the various articles are also given; a table showing the relative solubilities of the principal medicinal chemicals is added, and a new and simple method of using the metric system is presented. The work is well arranged, contains much useful information in a condensed form, and will be found handy as a book of reference.

*Pyuria or Pus in the Urine, and its Treatment.* By Dr. ROBERT ULTZMANN, Professor of Genito-Urinary Diseases in the Vienna Polyclinic. Translated by permission by Dr. Walter B. Platt, F.R.C.S., Demonstrator of Surgery in

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the University of Maryland, etc. D. Appleton & Co., New York, 1884.

This excellent monograph contains, in less than one hundred pages, a complete review of the conditions that give rise to pus within the urinary tracts. Acute and chronic urethritis, prostatitis, cystitis, and pyelitis are discussed in turn, with especial reference to their differential diagnosis and treatment. As a result of observation and experience, the author states that while acute urethritis can only be cured by the direct application of remedies to the diseased part, other forms of acute pyuria, "and above all that of the bladder and neck of the bladder ought never to be treated locally, but by internal medication and regulation of diet; while in chronic pyuria of any part of the urinary tract, an appropriate local treatment takes a prominent place." The remedies and methods of treatment that have been used with most success by the author are considered in detail in the chapter on the Therapeutics of Polyuria.

G. P. PUTNAM'S SONS announce that they will shortly publish, by arrangement with the Vienna publisher, a translation, prepared by Dr. Barney Sachs, with the authorization of the author, of Dr. Mynert's Treatise on Psychiatrie. The first part of the work, devoted to the anatomy and physiology of the brain, the publishers hope to have ready by the beginning of the new year. The work will be fully illustrated.

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## *NEW PUBLICATIONS RECEIVED.*

Some Observations on the Bacillus of Tuberculosis, by Harold E. Ernst, A.M., M.D., Jamaica Plains, Mass. Reprint from the American Journal of the Medical Sciences.

Membrana Virginatatis, by E. S. McKee, M.D., Cincinnati, Ohio. Reprint from the Nashville Journal of Medicine and Surgery.

The Plaster of Paris Dressing in the Treatment of Fractures, by W. O'Daniel, A.M., M.D., Bullards, Ga. Reprint from Transactions Medical Association, Georgia.

Prostatic Hypertrophy and Urinary Obstructions, Its treatment Without Catheterism. An address delivered at the annual meeting of the Michigan State Medical Society, by A. B. Palmer, M.D., LL.D., Ann Arbor, Mich.

Disorders Mistaken for Hydrophobia, by Chas. W. Dulles, M.D., Philadelphia. Reprint from the Transactions of the Medical Society of the State of Pennsylvania.

Eleventh Annual Report of the Maternity Hospital. Philadelphia, Pa.

Report of the Surgical Institute, Exhibiting the Operations of the Institute from July 1, 1881, to July 1, 1884, by J. G. Allen, M.D., Surgeon in Charge, Philadelphia. Published by order of the Board of Directors.

On Paroxysmal Fever—Not Malarial, by J. H. Musser, M.D., Philadelphia. Reprint from Proceedings of Philadelphia County Medical Society.

A Simple and Successful Method of Treating Fracture of the Clavicle without Resultant Deformity, by S. J. Allen, M.D., White River Junction, Vt.

A Contribution to the Clinical Study of Rotheln, or German Measles, by W. A. Edwards, M.D., Assistant Demonstrator of Clinical Medicine, University of Pennsylvania. Reprint from the American Journal of the Medical Sciences.

Typhoid Fever and its Treatment, by James J. Levick, M.D., Philadelphia, Pa. Reprint from the Philadelphia Medical Times.

Neoplasm of the Lachrymal Gland, by Peter D. Keyser, A.M., M.D., Professor of Ophthalmology, Medico-Chirurgical College, and Surgeon Wills' Eye Hospital, Philadelphia. Reprint from the Journal of the American Medical Association.

President's Address at the Annual Meeting of the Medical and Chirurgical Faculty of Maryland, by Richard McSherry, M.D. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland.

Report of the Proceedings of the National Conference of State Boards of Health, held in St. Louis, Mo., October 13–15, 1884, to consider the threatened extension of Asiatic Cholera to North America, and the action necessary to prevent or limit a cholera epidemic.

Permanganate of Potassium; its Actions and Uses, by Roberts Bartholow, M.D., LL.D., Professor of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College, etc. Reprint from the Medical News.

Irregular Contraction of the Uterus, by E. S. McKee, M.D., Cincinnati, Ohio. Reprint from Columbus Medical Journal.

Recherches Cliniques et Therapeutiques Sui L'Epilepsie, L'Hysterie, et L'Idiotie Par Bourneville, Medecin de Bicetre, Bonnaire Boutier, Leflaive, Internes Du Service, P. Bricon et Seglas, Docteurs en Medecine. Paris, 1884: A. Delahaye & E. Lecrosnier.

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## *IN PRESS.*

*Lectures on Diseases of the Nose and Throat.* By CHARLES E. SAJOUS, M.D., Instructor of Rhinology and Laryngology in the Post-Graduate Course of Jefferson Medical College; President of the Philadelpnia Laryngological Society; Fellow of the American Laryngological Association, of the Royal Society of Belgium, of the Medical Society of Warsaw, Russia, etc., etc.

In one handsome octavo volume of about 300 pages, with *one hundred colored engravings* from oil-paintings by the author, and sixty wood-cuts. F. A. Davis, Att'y, Publisher, 1217 Filbert Street, Philadelphia.

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## OUR ADVERTISERS.

PURE WHISKEY AS A MEDICINE.--One of the greatest annoyances physicians have in their practice, and a difficulty which they have not up to this time been able to overcome, is that of getting pure whiskey for the sick room. In calling the attention of the profession to the purity and medicinal qualities of the "Duffy Barley Malt Whiskey," we would simply and briefly give the opinions of persons who stand high in the medical profession:

The following testimonial from the great German chemist, Dr. Arendt, speaks for itself:—

I take pleasure in testifying to you that I have made an analysis of your Barley Malt Whiskey, which gave a very gratifying result. Your Malt Whiskey, obtained mostly by extract of malt conversion and a very careful fermentation and distillation, is entirely free from fusel oil and any of those similarly obnoxious alcohols which are so often found in whiskeys. Therefore it can be recommended as extremely fit for medical purposes.

GOLD MEDAL AWARDS TO THE UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were Beef Peptonoids and Maltine; both of these preparations carried off the only gold medal and highest award against numerous competitors in their respective classes. All food preparations were critically analyzed at this exhibition by a jury composed of the best chemists in the country.—*London Lancet.*

DISEASES OF THE URIC ACID DIATHESIS.—By William B. Gray, M.D., Richmond, Va., Academy of Medicine.

* * * The careful record of these many cases shows that when the urine is of high specific gravity by reason of the presence of an abnormal amount of uric acid, Lambert's Lithiated Hydrangea, in my hands, has never failed to be of signal benefit. In cases in which the specific gravity exceeds 1015, it invariably gives good results.

Guided by these indications, I have successfully used this preparation for nearly a year in various diseases produced by the well-known irritating properties of uric acid, finding that it acts like a charm in cystitis, excessive micturition, headaches, etc. I have also used it with satisfactory effect in many cases of gastric and abdominal dyspepsia, diabetes, Bright's disease, and rheumatism (particularly muscular). In fact, in all cases where uric acid is to be combated Lambert's Lithiated Hydrangea will be found a potent remedy. I would not be without it. I generally give ʒj doses four times a day. —*Lancet and Clinic.*

## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. Thomas A. Ashby, editor of the Maryland Medical Journal, has recently purchased a fine residence on Madison Avenue, and is now located in his new home.

Prof. I. E. Atkinson has also moved from his former residence. He has purchased a house on Cathedral Street, near Mount Vernon Place.

Dr. N. A. S. Keyser (Class of '83) has become associate editor of the Maryland Medical Journal.

During the past month three practising physicians of this city have died,—Dr. Harvey L. Byrd, on November 29; Dr. George S. Kinnemon, on December 12; and Dr. Andrew Hartman, on December 15.

The new building for the insane at Bay-View Asylum has been completed. The work of moving the pauper insane from their former quarters at Bay-View and Spring Grove Asylums into the new building was carried on during the second week in December. It is understood that the wings of the asylum building at Bay-View, which have heretofore been occupied by the insane, will be converted into hospital wards. The new building is under the efficient care of Mrs. Mary Chabot, formerly chief nurse of the University Hospital.

It seems probable that Baltimore will soon have another "*permanent*" Eye, Ear, and Throat Charity Hospital. On the 17th of December the Trustees and Managers of the "Baltimore Eye, Ear, and Throat Hospital" appointed a committee to attend to the purchasing of a site for the hospital, and the raising of an endowment fund. This Baltimore Hospital has already been in active operation for several years at 186 Franklin Street. It is in charge of Drs. Theobald, Murdoch, Mackenzie, and Samuel Johnston.

The long existing dispute between the two factions of the Faculty of the "Baltimore Medical College" has at last been settled by agreement. Since the death of the late Dr. Byrd, who was leader of one faction, the gentlemen who supported him have taken out a charter for the "Baltimore University of Baltimore City." The "Baltimore Medical College" continues under the care of Dr. W. R. Monroe, and his supporters. The latter corporation has received the appropriation made some time ago by the City Council for the "Baltimore Medical College Dispensary."

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

VOL. VII. PHLADELPHIA, FEBRUARY, 1885. No. 2.

## A CLINICAL LECTURE.

### *PIGEON-BREAST DEFORMITY OF THE CHEST.*

ŒDEMA DUE TO VASO-MOTOR PARESIS—SACCULATED PLEURAL EFFUSION REQUIRING ASPIRATION, ATTRIBUTABLE TO TUBERCULAR PLEURISY.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY EDWARD T. BRUEN, M.D.,

Physician to the Hospital and Assistant Professor of Physical Diagnosis in the University of Pennsylvania.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: I bring this patient before you because he illustrates one of the deformities laid down in the text-books as somewhat classical. I refer to the pigeon breast. This deformity is due to the softening of the cartilages which unite the ribs with the sternal bone, and it usually occurs as a consequence of rachitis in infancy. When the chest is exposed, you at once observe the drawing in of the ribs on the side and the prominence of the sternum. Rickets, as you know, is a disease in which the salts that form the more solid parts of the connective tissue are wanting. As a result of this condition, the cartilages are abnormally yielding, and instead of the chest being thrown out in inspiration, as occurs in health, the softness of the cartilages allows the lower ribs to be drawn in through the action of the diaphragm, and, consequently, the sternum is thrown out, producing the pigeon-breast deformity.

This chest is to be associated with the tubercular chest, because it indicates a liability of the person to phthisis. The reason of this is that the respiratory movements are crippled. When the patient breathes, you see how little the chest moves. Inspiration and expiration are alike deficient, and this predisposes to catarrh, which is very prone to lead to characteristic phthisical changes. This patient has now developed phthisis of the left apex with solidification throughout that lung, with slight phthisical changes in the right lung.

There is also to a certain extent a development of the alaire, or winged chest, which is often associated with phthisis. The muscles of the back are atrophied and the scapulæ project, and it is this wing-like appearance that gives the chest this name.

I might also call your attention to the abdominal breathing, to the narrow antero-posterior diameters, and to the narrow transverse diameter of the chest, all of which can be taken in at a glance. The tubercular chest without the pigeon-breast deformity is a small chest, in which the long diameter is increased, the anterior-posterior diameter very much reduced, and the transverse diameter correspondingly increased. Such a condition also interferes decidedly with the expansion of the chest and the proper aeration of the blood.

*Œdema due to Vaso-motor Paresis.*—The patient before you, Andrew M., is about 35 years of age. The salient points in the history of this patient are the following: During the latter part of July, four months ago, the man had what is supposed to have been an attack of typhoid fever, a disease which is attended with serious prostration of nerve power, for if there is anything which is more characteristic of typhoid fever than another it is the great weak-

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ness of the nervous system. Six weeks ago the patient began to have malarial chills, which recurred every day. He grew rapidly worse, and was soon confined to bed with a severe type of malarial fever. Two weeks ago the feet began to swell, and soon became markedly œdematous. This swelling extended to the upper portion of the thighs. There is still some swelling of the feet, and he complains of great numbness in the limbs.

I call attention to the rather healthy appearance of his face. He has not the profoundly anæmic appearance often associated with severe malarial fever. The lips and mucous membranes present their natural color, and the conjunctivæ have not the pearly-white hue seen in anæmia. The finger-nails present the anæmic appearance of a person suffering from chronic malarial poisoning, but his general appearance is that of fair nutrition, and I believe, from my experience with similar cases, that the number of red blood corpuscles is only slightly diminished.

What is the form of dropsy with which we have to deal? The causes of dropsy are briefly these, the first one of which, we think, especially when the lower extremities are the seat of the effusion, is failure of cardiac power. Leaving this out of the question, as can be done in the present instance, for his heart is perfectly normal, we next search for evidence of renal disease. In dropsy due to disease of the kidney there is not only swelling of the feet, but also puffiness of the face. Examination of the urine reveals no sign of disease of the kidneys. Thus the two great causes of dropsy are excluded.

The general condition is next examined, to see whether or not there is anæmia. I have already given a reason for supposing that there is no profound anæmia in this case.

Before taking up an exceptional diagnosis one should be perfectly sure that none of the more ordinary causes of dropsy of the lower extremities are present. One of these causes is periostitis of the tibia due to specific diseases. Periosteal inflammation was suggested by a roughness of the bone, but it is unusual to have periostitis in both tibiæ at the same time, and there is no reason to suspect specific disease.

By exclusion, I have settled on the diagnosis of a form of œdema due to vaso-motor weakness or paresis. Let me call attention to the reasonableness of such a diagnosis. To do this, I must first speak of certain experimental evidence showing the possibility of this form of dropsy. It has been shown that if the vena cava, which carries the blood from the lower portions of the body to the heart, is pressed upon, or is ligated, so that the current of the blood is largely arrested, that œdema of the legs will not always occur. Why? The œdema does not occur under such circumstances, because the lymphatics are capable of taking up a portion of the effusion which must necessarily take place from the over-filled arterioles. If, however, the sciatic nerve, which is composed of motor, sensory, and vaso-motor filaments, is cut, and the same degree of compression of the vena cava be made, œdema will occur. It has been found further that if simply the motor filament of the sciatic nerve be cut, and the vaso-motor filaments be uninjured, œdema will not follow compression of the ascending cava, but if the vaso-motor fibres are cut the arteries will be paralyzed, and such effusion will take place that the lymphatics will be unable to cope with it.

I believe that this is the form of œdema present in this patient. This man has complained of considerable numbness in the limb, indicating involvement of the nerve. Frequently, with dropsy, the legs are numb and dead, but I think that patients suffering with this form of dropsy complain more of this sensation than is usual in other varieties of dropsy.

This is an important form of dropsy because it is frequently associated with malaria. This patient, as I have already stated, has had malarial fever, and previous to that had typhoid fever, a disease which produces great prostration of the nervous system. This indicates that not only is malaria capable of inducing this condition, but it may be brought about by other affections, causing want of tone in the nervous system. In children whose nervous systems are extremely susceptible to such influences I have frequently found slight œdema of the face from malarial affections. Sudden shock is also capable of causing this form of œdema. Then, again, in any case of dropsy the secreting action of the skin is diminished, and this tends to keep up the effusion in the vessels of vaso-motor dropsy. In vaso-motor dropsy this deficient activity of the skin is attributable to deficient innervation of the secretory nerves supplying the sweat glands.

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It is important to determine the cause of the dropsy not only from a diagnostic point of view, but also from a therapeutic standpoint. When the dropsy is marked it is to be treated as other severe forms of dropsy, with diuretics, as potassium salts, digitalis, caffeine, and the like. Where the effusion is moderate it is simply necessary to administer remedies to improve the nerve power. Strychnia is important in this connection, for it not only acts on the vaso-motor centres within the brain, but also on those of the spinal cord. This remedy may, if necessary, be combined with the diuretics. Ergot is another good remedy.

The treatment of the present case has consisted in the use of fluid extract of ergot and tincture of digitalis, ten drops of each being given every four hours. Strychnia has also been administered in full doses. For the uncomfortable sensations in the legs a liniment, consisting of equal parts of camphorated oil, chloroform, and oil of sassafras, has been employed. Under this treatment decided improvement has taken place, and the patient will very shortly be convalescent.

*Sacculated Pleural Effusion, Requiring Aspiration, Attributable to Acute Miliary Tuberculosis.*—This is the patient whom I showed to you two weeks ago. He has a sacculated pleural effusion, which we conclude was in all probability due to tubercular disease. The patient has lost flesh even since he was before you.

Let me briefly recapitulate the points upon which the diagnosis was based. For the past two or three months he has had bronchitis, which was manifested by fine rales throughout both sides of the chest, which were discovered when he was admitted. It is unusual for simple bronchitis to be associated with pleurisy, accompanied by effusion. On the other hand it is exceedingly common to have tubercular pleurisy with tubercle of the lung. The rule is, however, that tubercular pleurisy is not accompanied with effusion. Effusion may, however, be present. The temperature record of this man has been maintained continuously between 100° and 102°. The pulse has been rapid, never going below 120 per minute. With these symptoms there has been profuse sweating, a progressive loss of flesh, and a general appearance of illness, together with dyspnœa, which does not accord with the ordinary history of pleural effusion, in which, after the effusion reaches its height, or of intra-thoracic pressure, relief has been afforded by aspiration or other treatment, the appearance is one of ordinary sickness without dyspnœa. Aspiration has been practised in this case to relieve dyspnœa, but the relief has not been marked.

There is one objection to the diagnosis of tubercular disease, and that is the character of the inflammatory exudate. This is, however, not a vital point.

The case brings to my mind a case of sacculated pleural effusion on which I lectured a year ago in the University Hospital. The chest was tapped and a large amount of fluid removed. The patient subsequently died, and the autopsy revealed a sarcomatous growth in the mediastinum, which had pressed on the pulmonary veins, causing the effusion.

I may be wrong, but I say that my opinion inclines towards the diagnosis of tubercular pleurisy in this case, but I bear in mind the possibility of some form of malignant disease of the mediastinum. This reserve diagnosis is largely based upon the opinion which we have formed that the case is not one of uncomplicated pleural effusion. There is, however, no very positive evidence in this direction.

# ORIGINAL COMMUNICATIONS.

## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Dr. Geo. Fribbis.]

THE group of diseases known as "lichen ruber," a knowledge of which we owe to the researches carried on independently of each other of Professors Hebra and Erasmus Wilson, is but little known to the general practitioner, and a knowledge of which in view of the gravity of the disease, and the great importance of early interference therapeutically, is so very essential to the successful treatment of it.

The infrequent occurrence of "lichen ruber" in a measure explains our lack of a more accurate diagnosis. It is certain that some cases which properly belong in this category of chronic skin diseases are cured without the true character of the affection having been recognized, particularly since the custom of ad-

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ministering arsenic in all cases of obscure diagnosis is still so largely prevalent. Justified in bringing forward this larger material of "lichen ruber" cases, I am desirous that the practitioner shall refresh himself upon this peculiar group, for the reason that within the past four years I have been fortunate in having under my observation in private, clinical, and polyclinical practice, not less than thirty cases of the disease, comparatively a large number, when we consider that Hebra, up to the year 1874, in the second edition of his text-book, page 396, after an extensive clinical experience of thirty years, had met with but fifty cases. The year 1881 was particularly rich in material; since then the cases of "lichen" have grown more rare in my sphere of observation, so that the opportunities to further augment my experience gained in the preceding four years have grown much less. The experience gained, however, enables me to compare the various forms of "lichen" with the descriptions of German, French, English, and American authors, and thus aid in determining whether these strikingly differing reports of the varying manifestations of the disease are due to the nature of it, or simply to an authoritative historical origin.

At the same time I had the good fortune during my earlier clinical studies of these cases, to discover and pursue a new course of treatment, which, in comparison with other methods heretofore used, was more rapid and thoroughly gratifying in its results. And I am, therefore, enabled to fully sustain, in every particular, the method of treatment advocated by me about three years since, and also prove the statements made at that time.

Now, instead of entering upon a critical dissertation of the statements made by my predecessors, a by no means easy task, I prefer to introduce to the practitioner a number of clinical histories, carry him to the arena, and enable him to draw his own conclusions and to formulate his own judgment upon the various historical statements found in the literature of "lichen ruber."

I.—Miss M., æt. 17, a Parisian, who had never suffered from any disease of the skin, was taken ill on January 5, 1881, while on a visit to Hamburg. Her illness began with a chill, and a feeling of general indisposition, and an itching eruption of the skin. Upon the following day, when I was called to see her, I found the cervical and lateral regions of the neck covered with a small papular, intensely red, itching exanthem, spreading upon both upper extremities, and as far down the radial side of the forearms as the wrist-joint. The face, trunk, and lower limbs were entirely free. The light red papillæ, which it was said had appeared spontaneously and covered a large surface, were the size of a mustard seed, light-red, shining, pointed like a ten-pin, and when not scratched off were covered with a small scaly elevation. Topographically indicative of cutis anserina, this was more apparent through the circumstance that the exanthematous surface was surrounded by an areola of pale cutis anserina, which in some places was permanent, and in others could be called forth by the slightest reflex action of scratching. At no time was a transition from the papular to the vesicular stage noticeable, and scratching produced no other effect than the exfoliation of the scaly deposit of the papillæ. As the manifestations excluded the diagnosis of eczema papulosum, it could not be anything else than an acute attack of *lichen ruber acuminatus*.

*Treatment.*—I ordered a constant covering of the parts with gauze compresses, thoroughly saturated with a liquid composed of equal parts of liquor plumbi subacetatis and glycerine. Under this treatment the heat and itching soon disappeared. Gradually the papillæ and redness decreased, and the recurring attacks of intense itching grew less daily. On January 13th, one week after treatment had been begun, and which was continued day and night, I discharged the patient cured. She remained in Hamburg about six weeks longer, and during that time attended, regardless of the former illness, balls, dinners, etc., without any unfavorable consequences, when suddenly, in the beginning of February, there occurred a relapse, symmetrical in its appearance, on both forearms, near the wrist-joints, which, however, after an application of ungt. zinci and plumbi acetatis, yielded, and disappeared in four days. I gave the patient, who up to that time had taken no arsenic, as a precaution against a relapse, some Asiatic pills, but heard from her later on that she was entirely well. I have advanced this case as a mild and not very complicated instance of lichen ruber acuminatus. The most striking feature in connection is the, as yet rarely described, acute attack, and the very apparent rapid recovery due to the treat-

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ment. It proves that a cure can be attained by the use of these acid preparations, and simply these; but they must be employed in the very beginning of the attack and persistently continued. In other instances, also, have I been able to demonstrate the efficacy of the alumina preparations in lichen acuminatus. The form of the exanthem was so typical that it could not be mistaken for anything else.

The papules I have described as being the size of a mustard seed, and that the size of a millet seed is not applicable. I would further add, that the habitual description, since Hebra, of lichen acuminatus papillæ being the size of millet seed is, strictly speaking, not correct. The largest papillæ are scarcely the size of a mustard seed (2½ mm. diam.), more frequently they are the size of the smallest beet seed (1½ mm. diam). As the size is characteristic of lichen acuminatus, I must lay stress on this point, so as to avoid misapprehension later on. The maculæ of lichen planus occur now and then from papillæ which are much smaller than those of acuminatus papillæ, and are about ½ mm. diameter, there is also in general appearance a difference from the papillæ acuminatus. The points, absolutely diagnostic of lichen acuminatus, are the squamous nodules upon a non-flattened elevation, and located upon the orifice of the hair follicle. Frequently a very small downy hair is found in the squamæ. A relationship between this form of papillæ and the sudoriparous pores is not recognizable.

II.—W. E. M., æt. 62, a high government official of robust constitution and excellent family history. This patient drinks in moderation, but is much addicted to the pleasures of the table, which have developed in him a decided tendency to annual attacks of gout for the past ten years. During the winter of 1881 and 1882 the patient was not very well, though not suffering from gout. Early in January of 1882, he experienced an intense pruritus of the right leg, and soon after upon the wrist joints and dorsal surfaces of the forearms, and, lastly, upon the trunk and face. The skin grew very red, was deeply studded with small papillæ, which eventually desquamated in a moderate degree, and the right thigh, posteriorly, was moist. From the middle of February till the beginning of March, this restless, robust official was confined to bed, and the constant pruritus caused insomnia and loss of appetite. Now and then there was fever, which, no doubt, followed the chill, and is of such frequent occurrence in lichen acuminatus. The body weight was reduced fifty pounds in three months, the mind was depressed, and the patient's urine contained large deposits of sediment, but neither sugar nor albumen. The case came under my care on April 12th, and I at once recognized that what had been diagnosed as eczema was "lichen ruber." The entire body, including the face and hairy parts of the head, again recalled my first impression of "lichen ruber," so graphically described by Hebra in his first edition. The epidermis throughout was of a faint gray-red color, covered with fine squamæ—in some parts apparently smooth, yet, upon close examination, revealing numberless minute red elevations, which were covered with small squamæ. Where the skin was not thoroughly red, but still of the yellowish, normal color, the papillæ were larger and more prominent, like a red cutis anserina. The lower extremities of the body were of a more strongly marked, dark, grayish-red color. Scratching off the squamæ with the finger from the red surface, would be followed by a broad, white line. Both calves showed varicosities, chronic lymphatic stasis, with thickening and induration of the entire cutis, particularly well marked on the right limb. Here the appearance of the disease, due to stasis and scratching, was complicated with eczema. There were no papillæ in the face, but a simple pityriasis with maculæ, and stripes of reddish-white color could be seen, principally around the eyes, naso-labial grooves, the margin of the beard, and the line of the forehead with the hair, and here merging into a uniform pityriasis capitis. The character of the papillæ appeared most prominently on the dorsal surface of the hand and forearm. They all belonged to the small papular acuminated form, were very red, not translucent, terminating in a conical point, crowned with a small squama. Stroking the parts conveyed an impression similar to that produced by passing the hand over a grater. The primary character of the affection was now noticeable in but few spots. The parts showed generally flat, scarcely perceptible papillæ, upon a red base, and, where the infiltration and redness was most intense, the papulose character disappeared; these latter parts bore a striking resemblance to pityriasis rubra. A

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diffuse brownish pigmentation manifested itself in various parts of the lower extremities, such as the inner surfaces of the thighs, which would temporarily assume a paler hue, but would disappear under the hyperæmia and scarlet redness, incident to the pruritus and scratching. I ordered my patient to bed, and commenced treatment by applying at once the following ungt. cure as advocated by me: Ungt. zinci 500.0, acid carbol. 20, sublimate 0.5, and secured thereby for my patient a night's rest, something he had not enjoyed for a long time. There disappeared, successively, the pruritus, redness of the skin, and the squamæ. Upon the head and face a weaker ungt. was applied and equally well borne. With the local improvement the constitutional condition also kept pace. In the second week the patient was up and able to enjoy the fresh air for several hours during the day; and without an interruption in the ungt. treatment. At the close of the second week the head, trunk, and upper extremities had again returned to a normal state. The hands and legs were more obstinate in yielding to treatment; there occurred upon the thickened skin of the legs and dorsal surfaces of the hands frequent recurrences of primitive lichen character. In the fourth week, I had the pleasure of presenting my patient, now much improved, to my friend, Prof. H. Hebra, who at the time was visiting me, and who, though there were but few traces of lichen to be seen, from the characteristic pigmentation of the parts affected, formed, *prima vista*, the diagnosis of "lichen ruber."

During the fourth and fifth weeks the treatment was continued in modified form, and attention chiefly devoted to the thickened skin of the calf of the right leg; which, in spite of its varicosities and tendency to eczematous eruption, bore well the zinc and sublimate ointment. On several parts of the indurated skin were applied, instead of the salve, zinc sublimat. carbol. plaster and bandaging. Constitutional effects from the use of the bi-chloride were not apparent; astringent mouth washes were, however, freely used. During the first week there already appeared carbolic acid in the urine, and recurred frequently; but later on disappeared, though treatment was continued. In the second week, as decided improvement and progress had been made, I ordered Asiatic pills, increasing one pill weekly, so that the patient, at the expiration of treatment, was taking but three pills daily. Acid arsen., 0.5; muc. gimimos, 1.5; pip. nigr., 12.0. Ft. pil. No. 100. This relatively small dose of 0.015 arsenic may have made secure the definite cure which followed three weeks later, but it *certainly did not induce it.* Upon Hebra's advice, in the same sense, and as after-treatment, the patient was ordered arsenic with iron. Ferri oxyd. dialys., 5.0; aq. distillat., 100.0; syr. cort. aur. 15.0; sol. Fowler's gtt. 30, two or three tablespoonfuls daily. He left the clinic on May 14th, after a sojourn of four and a half weeks, perfectly cured. Later, I had the opportunity of seeing him again; there had appeared upon the calf of the right leg and forearms localized eczema, which was cured by the use of the zinc-carbol. plaster. At this time the use of arsenic had already been discontinued. In the two years which have since passed the patient has had perfect immunity from dyspepsia, but has frequent attacks of dyspnœa, pressure and constriction of the heart and thorax, symptoms which his family physician, Dr. Soh, and to whom I am indebted for these notes, attributed to fatty degeneration of the heart, and in one of these attacks the patient died. This second case we may regard as a serious counterpart of the first one, and which, at the same time, presents the typical features of a simple case of lichen acuminatus, which for some time had received no attention, or in the treatment of which but insufficient means had been used. Such must have been, and in a higher degree, Hebra's thirteen cases (1st edition), when he first began their treatment, and which, under his care, terminated fatally. If he had known at that period such cases as our first one, he would have depicted the subject in less glaring colors. The second case, though severe in character, still belongs to the uncomplicated ones, because the stasis and consequent eczema of the calves did not materially affect the issue of the cure, and was easily distinguished from lichen. The efficiency of the sublimate carbolic acid ointment treatment was very evident, though it cannot be accepted as absolute proof, because of the administration of arsenic *par complaisance* in conjunction. But having before treated six cases by the method, I had ample opportunity to convince myself of its merits, and hence, in the very beginning of this serious case, I did not hesitate to submit my patient to it. It was also of interest to note

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the excellent effects of the sublimat. ungt. upon the parts affected with eczema. The ungt., if used in a case of simple eczema, would have aggravated it.

[To be continued.]

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## *REPORT OF INTERESTING CASES IN WESTMINSTER HOSPITAL.*

UNDER DR. POTTER.

BY ALFRED J. GUBB, M.R.C.S. (ENGLAND),
Resident Obstetric Physician.

### CRANIOTOMY FOLLOWED BY PELVIC INFLAMMATION—DIPHTHERIA—DEATH.

CHARLOTTE W., æt. 32, married; admitted November 5, 1884, with following history: Patient had been delivered on the night of the 1st inst. of a male child, after a tedious and exhausting labor, with breach presentation, where medical aid was only sought when matters were so far advanced that the trunk was born, but the head remained above the brim and refused to descend. Traction, manipulation, and the forceps were successively employed, but without accomplishing the descent of the head; craniotomy was therefore resorted to, the head being perforated behind the left ear; by the aid of some traction delivery was then effected.

Had three children previously, the first and third having necessitated resort to craniotomy, the second one, however, though at full term, according to her account, having been delivered by forceps, living. She had been warned to take precaution in the event of pregnancy to apply at the hospital before time, but had not done so.

The patient was left much exhausted by the labor and manipulations. Two days later, as her temperature rose, and as there were no facilities for nursing her at home, she was offered a bed in the hospital, which, however, she only accepted on the 5th. Antiseptic injections were employed vaginally, with opium internally.

On admission, patient looked worn and somewhat emaciated; complained of general abdominal pain and soreness; the vulva and posterior wall of vagina were the seat of intense œdema, and were enormously enlarged and exquisitely painful; vaginal examination was impossible, the vagina being thus rendered practically impassable; the swelling of the posterior-wall of vagina was limited to lower part, and was perfectly well defined; abdomen was distended and somewhat tympanitic, but not particularly tender on pressure; pulse, 120, regular, but compressible; temperature, 100.6; urine, 1016, acid, albumen. Microscopically, pus cells were seen in abundance. Tongue tremulous, and rather coated. Bowels not open since confinement; was ordered carbolized vaginal douches twice a day, fomentations to abdomen, and two grains of calomel with one of opium every four hours. Temperature on evening of 5th was 101.6. During the night profuse diarrhœa set in, with much tenesmus, and attended by great prostration; was ordered a mixture of acid sulph., dil., and opium.

*Nov. 6th.* Was ordered starch and opium injection per rectum, as diarrhœa did not abate; motions are passed unconsciously, or patient is, at all events, unable to retain them. Patient was put on ℥iij of brandy, with quinæ sulph., gr. iij, ext. opii, gr. ¼, every four hours. Douche and fomentations to be continued. Patient very prostrated, and lies semi-comatose. Diarrhœa lessened towards night. Temperature, 99.6° to 101°.

*7th.* Diarrhœa still continues, although relieved temporarily by starch enemeta, and is still passed unconsciously. Patient is quite conscious, dozes a good deal. Pulse is regular, though compressible, 96. Temperature reached 103°; no pain; tongue moist. Abdomen is still distended, and, as there was dulness below umbilicus, a catheter was used and forty-eight ounces of turbid urine drawn off; acid, sp. gr. 1015. There is a copious, yellow, offensive discharge from vagina, but œdema of part tends to disappear. Douche to be repeated every four hours; dose of opium increased to gr. j to check diarrhœa.

*8th.* Temperature 103.4° at ten P. M.

*11th.* Abdomen still tympanitic all over, except in left iliac fossa, where there is marked dulness, with induration and tenderness on manipulation; no pain. Patient is unable to pass her urine unaided by the catheter; urine is ammoniacal, and contains pus. Loose, offensive motions still passed unconsciously. Patient complains of sore throat and difficulty in swallowing. Throat is red and rather œdematous. Ordered glycerine of tannin to be painted on throat. Brandy raised to ℥vj. Mixture of ammonia and bark instead of pills. Temperature, 102.8°.

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*14th.* Difficulty and pain of swallowing are so great that nutrient enemata of beef-tea, eggs, and brandy were administered, but were returned very little altered. Uvula and fauces are very œdematous, and are covered with silvery film; tonsils not enlarged; no enlargement of glands at angle of jaw; œdema of genitals has almost disappeared, but discharge continues. Patient ordered fomentations to throat, with vaporous inhalations; perchloride of iron locally and internally. Port wine, ʒviij, substituted for brandy. Temperature, 102°. Patient is very weak and depressed; has no pain, except in throat; pulse is weak and rapid; no cough; voice clear, though feeble; has feeling of faintness come on at intervals.

*17th.* Throat still more painful; on examination the film has become more dense and has spread; uvula is large and flabby. Patient has intense difficulty in swallowing, but manages to take eggs beaten up in milk with port wine; has attacks of dyspnœa; voice is getting rather muffled.

Patient's state continued much the same until the 21st; breathing and swallowing were both painful and difficult, and no treatment seemed to afford her much relief. Her voice became muffled and so feeble as to be scarcely audible. She sank into a typhoid condition, and died rather suddenly on the morning of the 21st, consciousness remaining up to the last.

*Post-mortem*, twenty-six hours after death (three weeks from confinement).

Body fairly well nourished, rigor mortis well marked; there was pronounced rachitic deformity, the thighs being separated by a gap some four inches across, and the tibias strongly curved. There was a copious discharge of fetid pus from the vagina; on opening the abdomen and removing the uterus and appendages, with the bladder and rectum, the pelvis was seen to contain a large quantity of fetid, creamy-yellow pus. The uterus was enlarged, measuring five inches in length and four in breadth at the fundus, and its walls about an inch in thickness. The mucous membrane was of a dark slate color and bathed in pus, and the whole organ was unusually soft. Interior of bladder was somewhat rough, and the mucous membrane injected.

*External Measurement.*—Antero-posterior (top of sacrum to top of symphysis), 6¼ inches; between the anterior iliac spines, 10 inches; between trochanters, 12½ inches.

*Internal Measurement.*—Antero-posterior, exactly 3 inches; oblique, 4¾; transverse, 4½; tip of coccyx to top of symphysis, 5 inches.

*Dislocation of Astragalus Forward, Excision* (under Dr. Davy).—William S., æt. 56, was admitted on October the 14th. Patient had just met an accident in getting down from a street car, which started while he was engaged paying the conductor, and was standing on the bottom step but one. The effect was to throw him violently off the step, still holding by one hand to the rail, and finally, on letting go of the rail, on to the ground. On attempting to stand he fell again, his left foot being unable to bear his weight.

When examined, immediately after admission, the foot was found displaced inwards, with the sole pointing to the other side, a projection was plainly to be seen and felt somewhat to the outer side of the front of the left ankle-joint; no movement of the joint could be effected. The swelling was hard, smooth, and rounded, and was firmly fixed, the skin over it was shiny and tense, and evidently much stretched.

Patient was placed on a bed and anæsthetized, and considerable extension and manipulation employed by the house surgeon, to endeavor to effect the reduction of the astragalus, the rounded head of which was easily to be felt through the thin stretched skin; these attempts, however, while successful in reducing the displacement of the foot, failed to allow of the separation of the astragalus, as were also similar tactics by Dr. Davy, who was called to the case.

The man was now removed to the operating theatre, and while still under the anæsthetic, further traction and manipulation were resorted to, assisted this time by an arrangement of pulleys; very considerable extension was applied in this way, but still it was found impossible to reduce. Dr. Davy then tenotomized the tendo Achillis, and made further effort, but still in vain. Under these circumstances, after consulting on the matter with a colleague who was present, Dr. Davy decided to remove the displaced bone, which was easily done by means of a vertical incision, the bone being removed with the lion forceps, very little force being required to detach it, as the ligaments had all been ruptured with their attachments. The portion corresponding to the attachment of the external

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lateral ligament was torn away. The leg was then placed on a MacIntyre's splint and left, no dressings being applied.

*Nov. 28th.* Patient has been getting on well, and has suffered but little pain from foot, which is now pretty well healed up.

The foot was ultimately put up in plaster-of-Paris bandage, and the patient discharged.

*Case of Pleuro-Pneumonia, followed by Pericarditis.*—Admitted November 7th, 1884 (under Dr. Sturges). George W., æt. 14, when admitted complained of giddiness and general feeling of malaise and lassitude, with pain in chest (one day) and difficulty of breathing, which was rapid, shallow, and painful, there was also vomiting and shivering; skin was hot and dry with pungent feel; herpes on lips; tongue dry and rough.

On physical examination there was slight high-pitched resonance on percussion; upper half of front of right side of chest, breath sounds coarse; expiration marked over both lungs in front; vocal fremitus increased on right side in front; respiration 48 per minute. The heart impulse was feeble, no increase of area of dulness, sound rather blurred; pulse 108; abdomen normal; liver and spleen dulness normal. Urine sp. g. 1025, acid, trace of albumen.

Patient was ordered turpentine fomentations to affected side, with saline mixture.

*Nov. 9th.* Patient sleeps very little; much dyspnœa; respiration 48; shallow. Action of heart is much excited and its impulse diffused, and is felt outside nipple as high as second rib; no distinct apex stroke; area of dulness increased up to second rib; does not cross median line; sounds approximated in character and rather distant. Pulse, 120; slight præcordial œdema. Patient was ordered mustard paper to præcordial region.

Later on in the day some very fine crepitation was audible in mammary region at end of inspiration; area of dulness extends into axilla; breath sounds bronchial in character; vocal fremitus much diminished.

*10th.* High-pitched resonance up to second rib, in front of left side reaching to right border of sternum; vocal resonance impaired, and breath sounds still more markedly bronchial and distant; vocal fremitus absent; marked friction sounds at left base posteriorly. Patient ordered ℥viij of tinct. opii.

*11th.* Patient feels better; lies on back; had some sleep last night; heart impulse still diffused and weak, sounds distant and muffled; breath sounds tubular at base and in axilla, and bronchial half-way up back, with fine crepitation, bronchophony, and pectoriloquy.

*13th.* Slight increase of effusion into pericardium; rhonchi and pleural fremitus; heart sounds extremely muffled and distant.

*14th.* Patient had an attack of dyspnœa during night; pulse weak and failing; is very much cyanosed. Physical signs remain the same. Ordered ℥ij of inf. digitalis with spts. ammon. arom., ℥xxx, every four hours. Mustard papers over præcordium.

*16th.* Patient passed bad night, frequent cough, cyanosis still more marked about face; no swelling of legs or feet. Area of heart dulness somewhat less in extent vertically, but still extends an inch to the right of sternum; abundant rhonchi; respiration labored.

*17th.* Patient wanders, and there is twitching of the facial muscles; tongue dry, brown, and cracked; pupils dilated and brilliant; cheeks flushed; perspiration profuse. Patient died in the afternoon. Owing to unwillingness of friends, a *post-mortem* examination was unfortunately not obtainable.

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## *ELEGANCE IN PHARMACY,*

### AND THE ADMINISTRATION OF MEDICINE.

BY JOHN HAMMOND BRADSHAW, M.D.,
ORANGE, N. J.

[Concluded from last number.]

CORPUSCLES made of gelatinoid materials are now on the market in variety. For the administration of obnoxious powder and even liquids, they furnish a vehicle for which formerly there was no substitute, however crude. Cod liver oil in elastic gelatine capsules, in which it may be administered even to the amount of half an ounce per dose, places that drug in a convenient and perfectly tasteless form. Castor oil, phosphorated oil, oil of copaiba, etc., thus have a very important objection to their administration removed.

Crayons impregnated with iodoform and other medicines, have been devised for fistula.

Rectal and other suppositories, made with gelatine as a basis, are asserted to have several important advantages over those made in the ordinary way.

*Hypodermic Medication.*—Bartholow states the advantages of the hypodermic methods of

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administering medicine as follows: first, effect produced more speedily, and the whole effect of the quantity introduced; second, the results more permanent and curative; third, the rare occurrence of gastric disturbances and irritation of the stomach avoided; fourth, the administration may be made to persons unwilling or unable to swallow. Proper care bestowed upon syringe and solution reduces the danger of abscess, nodulation, etc., to a minimum, which is, indeed, small. Attention should be constantly directed to solutions of alkaloids, to avoid injecting the pencillium, which not only causes irritation, but has had its growth at the expense of the alkaloid. Extemporaneous solutions are best. The compressed powders and globules, which may be carried in a small space and dissolved when needed, are elegant.

*Lozenges or Troches.*—The sixteen varieties of these which are officinal, sufficiently indicate that they are held in considerable esteem. There are a large number unofficinal, which are made by reliable manufacturers.

*Normal Liquids.*—These are comparatively new. They are said to represent remedies of definite potency and unvarying effect. It is proposed to use them in place of the fluid extracts, one cubic centimetre representing one gramme of a drug of standard strength.

*Oleates.*—These are oleaginous, definite chemical compounds, and not indefinite solutions of oxides in oleic acid. At present we have oleates of aluminium, arsenic, bismuth, copper, mercury, iron, lead, silver, zinc, and others. In his classical paper upon "The Oleates," Dr. Shoemaker advances the following advantages for these preparations over the ordinary ointments: first, their deep penetration; secondly, their freedom from rancidity; thirdly, their cleanliness of application; fourthly, their great economy; fifthly, their antiseptic action.

Any ingredient suitable for dermic medication may be incorporated into an oleate, making them capable of "the widest range of therapeutic application."

*Pills, Dragees, Granules, Parvules, etc.*—The little trouble with which they are prepared and administered, their tastelessness and power of retaining their virtues when properly prepared, and their portability and inexpensiveness, give the reasons for their popularity. The range of the pill is extensive, but not indefinite. Certain substances are peculiarly fitted for administration in pill form, while certain others, as the following, should very exceptionally be so given: bulky medicines, deliquescent or undried deliquescent salts, most fixed oils, large doses of oil of a volatile nature, and medicines intended to act at once as emetics, stimulants, or caustics.

Great praise is due to efforts made to introduce minute pills containing small and exact doses of the principle or smallest concentration of a drug. These are called granules or parvules. With them the physician has in his hands an elegant means of regulating doses according to effect.

*Pearls* are chiefly used for nitrate of amyl. Being made of very thin glass, they may be carried about in a non-volatile condition, and in an emergency speedily broken upon the handkerchief and their contents inhaled.

*Syrups.*—The aromatic syrups will do much to render disagreeable mixtures and solutions agreeable.

*Time.*—The time of taking medicine affects its action. The rule that is generally followed regarding pills, is to give them near or with the meals, as they are concentrations. Certain drugs, notably those requiring the presence of an albuminate for their solution, may best be given while the process of digestion is in progress. There are also medicines, *e.g.*, vermifuges, laxatives, etc., which are better given when the alimentary tract is empty. Various writers think they obtain the best effect from iron given between meals, affirming that thus there will be no unpleasant effects. This is contrary, however, to the usual rule. Antiperiodics are, of course, best given some time previous to the expected attack, and cod liver oil at the time when the pancreas is most active. A correct understanding of physiology will so guide the time of administration that the physiological and therapeutic effect will be that most desired.

In conclusion it may be said that no prescription can be termed elegant if its efficacy is at all compromised by an effort after agreeability. It has been well stated that attention to the matter of obviating or disguising the disgusting or unpleasant in medicine *will pay*. Not merely will the reward be that of a humanitarian, but also that of service for which men pay gold.

Asclepiades was no fool in announcing his chief object in the practice of medicine to be "*Curare cito, tute est jucunde.*"

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# SOCIETY PROCEEDINGS.

## NOTES ON THE TREATMENT OF EPILEPSY.

BY CHARLES K. MILLS, M.D.,

Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, etc.

THE regular stated meeting of the Philadelphia Neurological Society was held December 22, 1884, the Vice-president, Dr. Charles K. Mills, in the chair.

Dr. Mills read a paper on the the Treatment of Epilepsy, of which the following is an abstract: His remarks applied chiefly to the medicinal treatment of epilepsy proper—*grand mal* and *petit mal*. He did not intend to refer to the treatment of convulsive seizures due to tumors, meningitis, spinal disease, etc.

As to the curability of epilepsy, some apparently authentic cases of cure were on record. After looking over the subject, he could only recall seven cases of apparent or real cure in his own practice, private and hospital. In all of these the attacks remained away for from more than one to more than three years. Gowers mentions a number of cures, at least cases in which seizures had not recurred for as much as four, five, six, or seven years. Several of these cases were children. Three of the seven cases alluded to by Dr. Mills were children. All observations as to the cure of epilepsy were necessarily imperfect. After a number of years the attacks recur again. Although, however, the absolute curability of epilepsy might be doubtful, certainly great benefit from treatment is to be derived in most cases. It is a wrong to such patients not to treat them.

He had used the following remedies, singly, three or four times daily, in a series of cases, during the last ten years: Bromide of potassium, grs. x to ℥j; bromide of sodium, grs. x to ℥j; bromide of ammonium, grs. x to ℥ss; monobromate of camphor, grs. iij to vj; hydrobromic acid, f℥ss to f℥ss; iodide of potassium, grs. v to ℥ss; biborate of sodium, grs. xv to xx; chloral hydrate, grs. x to xv; oxide of zinc and valerianate of zinc, grs. iij to x; nitrate of silver, gr. ¼ to gr. ½; tincture of belladonna, ♏x to xv, or extract of belladonna, gr. ¼ to gr. ½; extract of cannabis indica, gr. ⅛ to gr. ¼; fluid extract of cocculus indicus ♏j to iij, or tincture of cocculus indicus, ♏v to x; nitrite of potassium, grs. v to viij. Other remedies which he had only used in combination with some of the above drugs, were as follows: Conium juice, f℥j, or fluid extract, ♏iij to x; tincture of digitalis, ♏v to x; sulphate of strychnia, gr. $\frac{1}{40}$ to $\frac{1}{30}$; Fowler's solution of arsenic, ♏ij to v; fluid extract of ergot, f℥j to f℥ij, or extract of ergot (Squibbs), grs. iij to vj, iron, cod-liver oil, and quinine.

The bromides were certainly the best remedies, and the bromide of potassium, in his opinion, stood at the head of the list. The bromide of sodium came next best to the bromide of potassium. He thought the bromides affected the nerve centres directly. The mixed bromides were better, usually, than any one of them used singly.

The bromides could be advantageously combined with other drugs. The combination which he had found, on the whole, the best for long-continued use was bromide of potassium, grs. xv; bromide of sodium, grs. xv; solution of the arsenite of potassium (Fowler's solution), ♏ij; conium juice, f℥ss, or the fluid extract of conium, ♏iij to v. This was generally made up with syrup of orange and some bitter infusion. Another good combination, mentioned also by Gowers, was the bromide of potassium and tincture of digitalis. It was only especially valuable in cases complicated with weak heart or mitral disease. Monobromate of camphor had no advantage over the bromides. Hydrobromic acid was efficient in very large doses, but so much water had to be given with it that the amount to be swallowed was appalling to the patient. It sometimes irritated the stomach. Borax was not of established value, but helped a few cases temporarily. He found the iodide of potassium, unless especially indicated, had little value when used alone in the treatment of epilepsy. Chloral hydrate is not of much value when given alone, but with the bromides, in cases uncomplicated with cardiac disease, sometimes makes a useful combination. Trousseau's belladonna treatment has been used without noteworthy success. Cannabis indica was not to be depended upon. He had tried cocculus indicus in six cases at the Philadelphia Hospital. None improved, and four were made worse by its use, one of the four becoming insane while taking the drug. At the request of Drs. Reichert and Hinsdale, he had used the nitrite of potassium in seven cases.

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Of these, only one seemed to be benefited, and some were made worse by its use. When the bromides had to be stopped, the zinc salts or the nitrate of silver were the best substitutes; but they could only be relied on for a short time.

The way to treat epilepsy, in his opinion, was to simply have a plan of treatment, and carry it out over a series of months or years. He would, for instance, first put a patient upon a single bromide, say fifteen grains three times a day, to be increased until a decrease in the number and severity of the paroxysms was produced. He kept him upon this perhaps for a month. He then used the mixed bromides, or some combination of bromides with other drugs, preferably the bromides, arsenic, and conium prescription. He watched the condition of the patient, and, if necessary, put him on cod-liver oil, quinine, or iron. With reference to nitrites, bromates, etc., he said that there was probably some chemical or chemico-physiological reason for inefficiency. The *ites* and *ates* would probably *never* give as good result as the *ides*. Dr. Mills believed with Dr. Pepper (Med. and Surg. Reporter, January 12, 1884) that close attention should be paid to every point in the daily life of an epileptic—to diet, rest, and hygiene; but he did not, with his present experience, believe that a genuine case of thoroughly-developed epilepsy could be cured, or even greatly benefited, without drugs. Harm, however, might be done by over use of drugs.

Among the surgical and external means of treatment he had successfully used were excision of cicatrix, removal of neuroma, actual cautery, and blistering to the neck or head. He said he did not use counter-irritation to the scalp, but was a strong believer in the actual cautery, used after Brown-Séquard's method, to the nape of the neck.

DISCUSSION.

The discussion was opened by Dr. E. T. Reichert. He said that the efficacy of the bromides was certainly not due to the bromine, for bromide of potassium is the best of the bromides, and it contains less bromine than any of the others. The amount of bromine in the chief bromides, as given by Gowers, is as follows:—

| | |
|---|---|
| Bromide of ammonium . | . 81 per cent. |
| Bromide of potassium . | . 67 per cent. |
| Bromide of sodium . | . 77 per cent. |
| Bromide of lithium . | . 92 per cent. |

All the bromides act alike, but with varying degrees of efficiency. The bromates, nitrites, etc., are not as useful as the bromides. A certain line of similar chemical salts seem to give uniform physiological and therapeutical results.

Dr. Guy Hinsdale said that, in regard to the cases in which Dr. Mills used the nitrite of potassium, some four years ago, one was benefited, some remained the same, while others were apparently made worse by its use.

Dr. Wharton Sinkler wished to know if any of the members of the Society had used hyoscyamus, and with what results. He said that Althaus, of London, reported cases in which tincture of hyoscyamus had been used successfully, in doses of from one, two, or three drachms. He said that he had reported one case of epilepsy which had been greatly benefited by cannabis indica, after the bromides and other remedies had failed.

Dr. H. M. Wetherill said that, in his experience, the bromide of potassium was the best remedy. He said he had never tried the tincture of hyoscyamus. He had never seen a case of epilepsy entirely recover.

Dr. F. Dercum said that his experience was summed up in the statement that he had found the bromides the best.

Dr. Morris Lewis spoke of the cure of a child three years old, at the Episcopal Hospital, in which he could obtain no results with the bromide of potassium. The seizures continued, and were worse, if anything. He then resorted to bromide of ammonium, and with immediate good results.

Dr. J. H. Lloyd said he thought that in cases of epilepsy, attention to the digestive functions and to sleep were highly important. He called attention to the observation of Dr. Radcliffe, that epileptics have a tendency to over-eat and to sleep too much. In his own experience he had found that when constipation was present the seizures were likely to be more frequent and severe. Dr. Radcliffe and other English physiologists seemed to prefer comparatively small doses of the bromides long continued. Dr. Lloyd believed the combination of three bromides with the iodide of potassium to be one of the best in the treatment of epilepsy.

Dr. A. J. Parker said he believed we could not say that the effect of a drug like bromide of potassium, bromide of sodium, etc., was due either to the bromine, or potassium, or the sodium, etc. Each of these salts is an indi-

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vidual drug, each molecule of which has its own form of motion. Bromine is a substance with its own peculiar molecular condition of motion. Potassium, similarly, has its own motion. Bromide of potassium is the resultant of the two motions. Certain members of the same chemical families, as the bromides, iodides, and chlorides, would seem to go together in therapeutical efficacy, due to similarity of their forms of molecular motion. At any time, we may expect, however, to find wide differences, since our chemical equations simply represent an idea of structure, and tell us nothing concerning the form of molecular movement; and therapeutic effects must certainly depend more on the energy and form of motion than upon any other qualities.

Dr. E. T. Reichert made a few remarks on the use of *Hydrobromic Acid and the Bromides in sea-sickness.*

He said, while crossing the ocean, he had the opportunity of studying the effect of hydrobromic acid and some of the bromides in sea-sickness. Hydrobromic acid was effectual, but had to be used in such large doses that, owing to the dilution with water necessary, the bulk to be taken was excessive. The bromides were, therefore, he thought, to be preferred. Bromide of sodium, in large doses, was effectual in one bad case. He believed that all the bromides were good.

Dr. J. M. Taylor spoke of the use of *Nitrite of Potassium in Angina Pectoris.*

In an aggravated case of angina pectoris he had obtained very good results with nitrite of potassium. The patient had been suffering for over a year with paroxysms of increasing intensity, until death seemed imminent. After giving the nitrite of potassium for four weeks, the patient recovered. Nitrite of amyl was used sparingly to control the paroxysms.

LEWIS BRINTON, M.D., *Recorder.*

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A NEW METHOD OF TREATING SPRAINS.—Dr. Thos. L. Shearer, of Baltimore, reports in the London Lancet several cases of sprains of the ankle-joint treated by enveloping the joint in soft clay, such as used for bricks, and covering with a rubber roller, applied just tightly enough to hold the clay in position and retain the moisture. Cases thus treated he found were able to get about much sooner than those otherwise treated.

# THERAPEUTIC NOTES.

### STIMULATING APPLICATION FOR GRANULATING SURFACES.

As a protective and gently stimulating application to healthy granulating surfaces, Professor Gross recommends—

℞. Acidi nitrici . . . . ʒj.
Gum acacia . . . . ʒiv.
Aqua . . . . . Oj.
M. Ft. loti.

Or Ung. hydrargyri nitratis . ʒj.
Cosmoline . . . . ʒx.
M. Ft. Ung.
Sig. Apply to surface on a piece of cotton or lint.

### LYMPHADENOMA.

For a case of limited lymphadenoma, which appeared before his clinic, Professor Da Costa prescribed cod-liver oil as a general nutrient; also—

℞. Acidi arseniosi . . . gr. $\frac{1}{10}$
Ferri sulphatis . . . gr. ij.
M. Ft. pilulæ No. 1.
Sig. One pill three times daily, gradually increasing the arsenic until some evidence of systemic impression can be perceived.

Locally, he suggested—

℞. Ung. iodi . . . . ℥ss.
Ung. belladonnæ . . . ℥ss.
Camphoræ . . . . gr. v.
M. Ft. unguentum.
Sig. Apply externally.

### STRICTURE.

In urinary obstruction, due to prostatic hypertrophy or thickening of the mucous membrane of the urethra, Professor A. B. Palmer says that relief can frequently be obtained, and the evils of catheterization avoided, by simply making the stream of urine act as a hydrostatic dilator in its passage. This can be readily done during micturition by compressing the urethra between the thumb and fingers so that no urine can escape. An effort is to be made at the same time to forcibly empty the bladder. The result is that the urethra is gently and uniformly distended without risk and without pain. This distension can be obtained and sustained at will, and in a majority of cases, if daily repeated, will soon be followed by the power of almost completely emptying the bladder, with a fair and often a full stream.

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### Acute Coryza.

Dr. Sajous recommends prompt derivative action by free purgation or diaphoresis. A common prescription is pulv. doverii gr. x, but an active purge with Epsom or Rochelle salts will give better results.

Locally he directs the inhalation of the following powder:—

℞. Bismuth sub. carbonatis . ʒss.
Pulv. acacia . . . ʒss.
Zinci sulphatis . . . gr. x.
Morphia sulphatis . . gr. ij.
M. Ft. charta. Sig.—To snuff up the nostrils occasionally.

### Flatulence.

Professor Bartholow states that hysterical flatulence can often be promptly relieved by the administration of from five to ten minims of oleum cajeputi. In cases of ordinary flatulence, simply due to fermentative changes, smaller doses will be sufficient.

### Menorrhagia.

Professor Parvin says that cases of menorrhagia occurring without any uterine lesion, can be most effectually relieved by the use of quinine, or the other antiperiodics. For a girl recently before the clinic, who menstruated rather profusely every two or three weeks, without apparent cause, he prescribed five grains of quinine and ten drops of aromatic sulphuric acid, to be taken twice daily for a month.

Zinnis (Archiv. f. Kind.) gives the following rules:—

During cold, damp weather, do not take children out; have them wear woolen shirts; avoid draughts; change the underclothes frequently.

Dr. Seguin (Archives of Med.) urges large doses of iodide of potassium for children. In brain disease, syphilis, etc., he gives to children, from 4 to 8 years old, 60 to 120 grains thrice daily. He claims the absence of iodism or intestinal irritation.

### Rotheln.

Dr. W. A. Edwards diagnoses the disease by the eruption on the third day, first on the face, rapidly extending; gradually shading off to the surrounding skin; elevated, especially in the centre of the patches, which is brightest in color. Desquamation first appears there. The rash is never crescentic.—*Medical Record.*

Continuation of the formula employed by Dr. John V. Shoemaker for the treatment of cases at the Philadelphia Hospital for Skin Diseases.

### Scrotal Eczema.

℞. Ext. belladonnæ. . . gr. xl.
Ext. opii . . . . gr. x.
Ext. arnicæ . . . ℈j.
Ungt. hydrarg. nit. . . ʒiss.
Acidi tannici . . . ℈j.
Ungt. zinci ox. benz. . . ʒj.
M. Sig.—Externally.

### Seborrhœa Oleosa.

℞. Zinci chloridi . . . gr. iij.
Aquæ rosæ . . . . ʒiij.
Sig.—Mop over the surface night and morning.

### Acute Papular Eczema.

℞. Ext. erythroxyli cocoæ . ʒij.
Ungt. zinci oleatis . .
Ungt. aquæ rosæ . . āā ʒss.
Sig.—Apply to the part.

### Tonic and Laxative Pill.

℞. Acidi arseniosi . . . gr. j.
Ferri pyrophos. . . gr. xxx.
Podophyllotoxin . . gr. v.
M. Ft. pill No. xx.
Sig.—One pill three times daily.

### For Sycosis.

℞. Antimonii et potassii tart. . gr. ij.
Aloini . . . . . gr. ij.
Ext. ignatiæ . . . gr. ij.
Ferri iodidi . . . gr. xv.
M. Ft. pillulæ No. xx.
Sig.—One pill three times daily.

### Psoriasis.

℞. Ext. colchici . . . gr. x.
Sodii arsenitis . . . gr. j.
Quiniæ sulph. . . . gr. xxx.
Aloini . . . . gr. ij.
M. Ft. pil. No. xx.
Sig.—One pill three times daily.

### Bronchitis.

Professor Bartholow recommends a combination of morphia and atropine for the cough of bronchitis when it is accompanied by an abundant secretion.

### Fibrous Tumors.

Dr. R. J. Nunn (Transactions of Georgia Medical Association) asserts that various fibrous tumors will be found to diminish in size, and at times to disappear altogether, if the patient be placed upon a diet consisting of pure muscle only.

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### Beef Tea.

Dr. J. L. Ludlow recommends the following recipe for making an excellent beef tea without heat :—

To a quart of cold water, add a pound of finely-minced fresh beef, a teaspoonful of salt, ten drops of hydrochloric acid, and a couple of cloves. Let it macerate for three or four hours, and then pour through a flannel jelly bag until the liquor comes through clear. When perfectly clear, add eight ounces of wine and sweeten to taste.

### Corrosive Sublimate Injections in Joint Diseases.

Vogt employs a solution of the bichloride 1½ gr., chloride of sodium 15 grs., water 12 drachms. He injects 45 to 75 minims in different parts of the joint. He repeated this every four days.—*Centralbl. f. Chir.*

### Puerperal Eclampsia.

Dr. J. F. Sullivan (N. Y. Med. Jour.) regards the first indications to free the bowels by injections, and three drops of croton oil on the tongue. If convulsions continue, inject hypodermically 20 drops of fluid extract of veratrum viride and half a grain of morphia. A full and tense pulse indicates free bleeding. By these means the convulsions become less severe and at longer intervals. After 15 minutes, if the pulse has not yielded, inject 10 drops more of the veratrum, and continue thus till the pulse does yield. His experience is that now the convulsions cease. He does not hasten delivery.

Dr. B. F. Curtis (N. Y. Med. Jour.) employs for ulcers of the leg what he styles "a dispensary dressing." The leg and foot are carefully washed with a 1 to 40 carbolic acid solution, or 1 to 1000 of corrosive sublimate, and the ulcer is washed with a saturated solution of boric acid. Over it is placed a thin piece of gutta-percha tissue, so as to extend an inch beyond the edges; this must be soaked in the boric acid solution. The leg is dried, and borated cotton is laid over the ulcer, and the rest of the leg is wrapped in a half-inch layer of cotton batting, and an ordinary bandage applied to the foot. A crinoline bandage three inches wide and ten to twelve yards long, soaked for five minutes in water, is squeezed dry and applied over the cotton, from ankle to knee, making a thickness of three or four layers. This dressing can be worn a week.

Dr. N. S. Davis, in the treatment of cholera, puts the patient to bed and treats as cholera morbus, with the usual remedies. When the patient is so exhausted by vomiting and purging that he can retch no longer, he puts on the back of his tongue a powder of one grain of calomel, one-sixth of a grain of morphia, and four or five grains of sugar. As an enema, he gives ten grains of acetate of lead and half a grain of morphia in two ounces of water directly after a paroxysm. Apply dry heat to the extremities and sinapisms to the belly and back. Retching having occurred, give dilute solution of table salt and small quantities of milk and coffee. After vomiting ceases, he gives small doses of—

| | | |
|---|---|---|
| ℞. | Ac. carbolic . . . | gr. ¼. |
| | Tr. gelsemin. . . . | gtt. v. |
| | Tr. opii camph. . . | f3½. |
| | Aq. . . . . | f℥j. |

—*Ch. Med. Jour. and Exam.*

### Incontinence of Urine in Childhood.

Dr. Eustace Smith in his recent work on children, gives the following :—

| | | |
|---|---|---|
| ℞. | Tr. belladon. . . . | f3j. |
| | Potas brom. . . . | gr. x. |
| | Infus. digitalis . . . | f3ij. |
| | Aq. q. s. ad. . . . | f℥ss. |

This in one dose.

He adds strychnia when the affection occurs both day and night. This author finds a great tolerance of belladonna in children, and believes that it should be pushed to its toxic effect when the case does not yield readily.

### A Lotion for Severe Contusions.

Dr. Hewson (Med. Age) has found the following lotion an excellent application in cases of severe contusion :—

| | | |
|---|---|---|
| ℞. | Sodii hyposulphitis . . | f℥iv. |
| | Acidi carbolici cryst. . . | ℥ss. |
| | Glycerini . . . . | ℥ij. |
| | Aquæ . . . . . | Oj. |

A cloth well saturated with the lotion should be kept in constant contact with the parts.

### Treatment of Sciatica by Freezing.

Dr. Debove, of Paris, has been employing freezing as a means of revulsion in sciatica with satisfactory results. He employed the chloride of methyl, which by spontaneous evaporation gives a temperature of 9.4° F.; by means of a current of air this can be further reduced to 4.7° F. He applied the drug by means of a siphon. To the extremity of the beak of the siphon he adjusts a lead pipe provided with a

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small orifice to allow a proper direction of the jet and to prevent waste. It is quickly applied along the course of the painful nerve from the sacrum to the malleolus, and the skin assumes the peculiar white color due to freezing. The reaction is rapid, leaving more or less erythema. Should painful points remain after a day or so, they are treated in a similar manner.—*Medical Age.*

### How to Administer Santonine.

Kuechenmeister has shown that lumbrici lived in a mixture of albumen, santonine, and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches are not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture which is slowly absorbed in the intestines. In any other mode it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient.—*Revue de Science Medicale.*

### Neuralgia.

Dr. Garretson, in the Phila. Med. Times, says, in cases of unexplainable neuralgias no single remedy has proved so useful as these pills. My prescription is as follows:—

℞. Ferri sulphatis exsic.,
Potassii carbonatis . . āā gr. ccl.
Syr. acaciæ q. s.—M.
Ft. pil. No. 100.

M. Coeshi (Gaz. Hebdom.) having used calomel in about 300 cases of diphtheria, reports a mortality of but 12.

### The Treatment of Puerperal Fever with Cold Baths.

M. Chobert says: 1. Cold baths can safely be adminstered in the puerperal state. 2. They are indicated in all cases of puerperal trouble attended with high temperature, with the exception of acute peritonitis. 3. We should begin with a bath of 28° C., and gradually lower the temperature until 18° C. is reached. 4. The baths are to be repeated every three hours until the temperature of the patient has fallen to 38° C., and remains there with slight evening oscillations. With the baths large doses of alcohol are to be administered. Diet principally liquid.—*Louisville Med. News.*

M. Drouel (L'Union Med.) uses amyl nitrite by inhalation for poisoning by opium.

Dr. Alder Smith (Br. Med. Jour.) says chrysophanic acid is a very good parasiticide; and, though it is insoluble in spirit and ether, yet it is soluble in chloroform. Chloroform also dissolves the fatty matter out of the hair-follicles, and thus allows the parasiticide dissolved in it to penetrate deeply. During the last year, I have used a solution of seven grains of the acid to the ounce of chloroform to all cases of recent ringworm, and believe it is the most efficient treatment I have yet tried.

The small patches should be carefully marked out by cutting the hair very closely on them, and the chloroform solution should be well pressed and dabbed into the places with a minute sponge-mop, for five minutes, two or three times a day, according to the amount of irritation produced. The aim of the treatment is not to produce scabs, but to get the solution to penetrate deeply. The sponge mop should not be much larger than a big pea, and should be continually dipped into the chloroform-bottle, as the solution soon evaporates whilst it is pressed into the diseased spot, and leaves the yellow acid dry on the place. Great care must be taken that the solution does not run on to the forehead or into the eyes, and that the person using it does not inhale the vapor. I always give full directions about the care necessary in using such a potent remedy, and only employ it to small places of the disease. It is well for the nurse to keep her face away from the sponge, and to use the chloroform in a current of air, and not in a small room. The places should be well washed every morning with hot water and soap, to remove any sebaceous matter or crusts, and the hair should be kept closely cut on them till the new hair appears, which is generally in about two or three months; but the remedy should be continued till all diseased stumps have come out.

### Mania-a-Potu.

The treatment of mania-a-potu in the Philadelphia County Prison, where a great many such cases are brought, consists in giving bromide of potassium and chloral alternately in twenty-grain doses every two hours for about twenty hours. Plenty of strong coffee and essences of meat are given in the mean time, but no opium or alcohol. Unusually good results are obtained from this method of treatment, not more than one or two fatal cases having occurred there for years.

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### Multiple Puncture in Cardiac and Renal Dropsy.

In a recent clinical lecture Professor Da Costa called the attention of the class to the value of multiple puncture in both cardiac and renal dropsy. He considered it to be a measure of great value, and attended with but little danger if properly done. On more than one occasion, when death seemed imminent from internal congestion, he had seen patients rapidly improve, and be able to get about after it had been resorted to. The case before the class was another illustration of its importance. The patient, a man æt. 41, was suffering from dilatation of the heart, accompanied by chronic tubal nephritis. When admitted to the hospital, his face was puffy, legs swollen, lungs congested, and urine full of albumen. In addition, an œdematous laryngitis had been developed from the infiltration of serum in and around the vocal cords, so that he could not speak above a whisper. He was put upon a diuretic plan of treatment, but without much benefit. Professor Da Costa then ordered a number of small punctures to be made in his legs with a bistoury. From the incisions thus made fifteen pints of water were drained off in two days. The relief to the patient was almost marvellous. His breathing became easier, and his voice was restored as soon as the water began to flow freely. His pulse also became stronger, his tongue cleared up, and the anasarca almost entirely disappeared.

As his kidneys were, however, still rather inactive, he was ordered to take half an ounce of the infusion of digitalis twice a day, and a drachm of Basham's mixture three times a day.

Professor Bartholow states that an attack of intermittent fever can often be aborted by the administration of a full dose of chloroform, ℥ss–℥j, when the cold stage is about to supervene.

### Pelvic Peritonitis.

Professor Parvin recommends the administration of opium in this affection in sufficient quantity to make the patient comfortable, and to somewhat slow the respiration and circulation. Quinine should also be given to reduce the temperature and check the migration of white corpuscles, and thus prevent suppuration; externally, hot fomentations, or turpentine stupes will be found beneficial. In many cases great relief will be obtained from the application of leeches to the cervix.

After the acute symptoms have subsided, the iodides of potassium or sodium should be given to promote resolution. Much good may also be obtained in this stage from the application of a blister to the abdomen, or the tincture of iodine *per vaginam* to the indurated parts.

### Anti-Pyretics.

Professor Gross does not think anti-pyretics are necessary in ordinary cases, where the temperature is only temporarily elevated to 102° or 103°. If it, however, rises above 103°, or remains high for days, then they can be resorted to with advantage. Quinine will generally prove to be the safest and most efficient remedy of this class. It not only lowers the temperature, but, by contracting the bloodvessels, hinders the migration of the leucocytes, and prevents suppuration and the consequent waste of tissue. It should, however, be given in full doses of from twenty to forty grains before the evening exacerbation. If for any reason quinine be not admissible, salicin, gr. xx–xxx, or sodium salicylate, ℥j, may be ordered instead. At other times more benefit will be derived from the wet-pack or cold affusions.

### Acute Melancholia.

A case of acute melancholia associated with deficient secretion of the liver and intestinal glands, appeared before the Jefferson Hospital clinic recently. Professor Bartholow, in reviewing the history and present condition of the case, pointed out the probability of the morbid mental state being due to the intestinal torpor which was plainly manifest. He accordingly directed the patient to take eunonynim, gr. iij, ext. colcynth comp., gr. ij, hydrarg. chlor. mite, gr. j, at bedtime, for three nights, and in addition to take a pill composed of one quarter of a grain each of the extracts of physostigma, nux vomica, and belladonna, three times daily.

### Treatment of Singultus by Electricity.

Dr. Louis Fischer, of New York, reports to the editor the following case: On October 16th I was called to see Miss S., æt. 19, who had been suffering for two weeks from hiccup. The attacks were almost continuous, occurring every three or five minutes night and day. All the various household remedies had been used in vain. I commenced treatment of the case by ordering fifteen grains each of chloral hydrate and bromide of potassium every three hours, without, however, lessening the spasm or pro-

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ducing sleep. Learning that her bowels were constipated, I gave an enema of soap and water, which produced several copious alvine evacuations. I then continued the bromide and chloral treatment, applied a strong sinapism to the epigastrium, and administered morphia hypodermatically morning and evening in addition. This, too, was without any noticeable effect. The hiccup remained as bad as ever. Pressure on the abdomen was then tried, and found to be equally unavailing. I finally, as a last resort, passed a strong galvanic current through the diaphragm, keeping up its application until the patient said she could not bear it any longer. I then gave her a full dose of bromide of potassium, after which she fell into a refreshing sleep, for the first time since the attack began. She awoke in a few hours completely relieved, and has not had any further trouble.

### Post-Typhoid Elevation of Temperature.

It not unfrequently happens that during the convalescence from typhoid fever, the temperature will remain persistently high, or fall for a time only to rise again without any other symptom of a relapse becoming manifest. In discussing the causes of this post-typhoid elevation of temperature, Professor Da Costa told the class of a case that presented extraordinary variations in the thermometric record long after convalescence had been established, and in which all irregularities had disappeared as soon as the patient was compelled to get out of bed. The lesson to be drawn from this is, that there comes a time in the recovery from typhoid fever, when, if the patient wants to get well he must get up, provided the condition of his circulation and digestion does not contraindicate such a course.

In another class of cases, any mental strain or emotion will be found to produce a retrovescence of the fever. As illustrative of this, Professor Da Costa mentioned the case of a boy whose temperature rose to 105° after a crying-spell of half an hour's duration, and that of a man who became worried and fatigued while reading, and whose temperature rose to 104° accordingly.

The patient who was before the class, was not, however, relieved by getting out of bed. His temperature remained high for days afterwards without apparent cause. Finally, after attentive consideration, Professor Da Costa concluded that the trouble in this case was due to the irritation of retained fecal matter. Laxatives were then administered, the patient was put upon a course of belladonna, and the elevation of temperature, which had been a cause of so much sclicitude, abruptly ceased.

### New Modes of Treatment.

The following, advance sheets of the London Medical Record Diary, published by Smith, Elder & Co., including some of the most useful therapeutic notes, have been sent to the editor, by Dr. William Murrell, the well-known therapeutist of London, England:—

The Abrus Precatorius has been largely used for ophthalmic purposes. The plant grows abundantly in all parts of India, where it is known as Indian liquorice. The seeds, of a bright scarlet color, with a little black patch round the hilum, have long been familiar to us under the name of jequirity-seeds or jumble-beads. It is found that an infusion of these seeds applied to the conjunctiva has the power of exciting active inflammation. Advantage has been taken of a knowledge of this fact to excite an artificial opthalmia in order to cure granular lids and other similar affections. Dr. Shoemaker, of Philadelphia, in a recent lecture delivered at the Westminster Hospital, stated that he had found a use for jequirity in diseases of the skin, which he thought would prove of much importance. From the way in which it destroyed the exuberant granulations of pannus, he was led to infer that it would be well to employ it in diseases of other parts when exuberant granulations and proliferating cell-growth formed the principal pathological condition. The ordinary infusion not being sufficiently strong, a special preparation was made as follows: Two hundred grains of the bean were decorticated by being slightly bruised and cracked in a mortar. The red hulls were then carefully picked from the cotyledons, and placed in a bottle covered with water; they were allowed to macerate for twenty-four hours, when they were again transferred to a mortar and thoroughly triturated until they were reduced to a smooth paste, when sufficient water was added to make the whole weigh 800 grains. Made in this way, the preparation resembles in appearance an emulsion, and is applied with a camel's-hair brush or mop to the surface to be treated. When applied to healthy, unbroken skin, it exerts no effect; but, when applied to an ulcerated or granulated surface, it excites inflam-

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mation and soon sets up healthy action. Dr. Shoemaker has employed this mode of treatment with much success in cases of specific and indolent ulcers, in ulcerating lupus, and in epithelial ulcers; and it is now largely adopted both on the Continent and in America. The seeds are cheap, and can be obtained in unlimited quantities without difficulty.

MURIATE OF COCAINE.—A salt of the alkaloidal principle derived from the leaves of the coca plant (*Erythroxylon coca*) is at the present moment exciting a great deal of attention as a local anæsthetic. Numerous observations have shown that an application of a 4 per cent. solution to the eye will, in a few minutes, produce so complete a loss of sensation in the part that operations for cataract, squint, etc., can be performed without causing the patient the slightest pain or discomfort. There is at first slight dilatation of the pupil, but it is transitory, and is not accompanied by any material interference with the sight. The action of this peculiar principle is exerted in a similar manner on other mucous membranes, so that anæsthesia may be induced of the ear, nose, mouth, urethra, vagina, or rectum. Cocaine is likewise used for internal administration as a nervous stimulant, and is found to be admirably adapted for the treatment of dipsomaniacs. As the leaf yields only a small percentage of alkaloid, and as the demand for the new drug has been very great, it is probable that the price will be for some time rather high, but as the dose employed is extremely small, this is not a matter of much moment.

COCA itself is again coming into use, and is now prescribed largely in the treatment of various nerve affections. It is an excellent remedy for many forms of neuralgia, and it is highly esteemed in convalescence from long illnesses. Mariana's Coca Wine is an excellent preparation, and may be resorted to with confidence. The valoid of coca, recently introduced by Messrs. Burroughs & Wellcome, of Snow Hill buildings, E.C., is extremely active, and may be used with confidence when the full physiological action of the drug is needed.

APOMORPHIA still maintains its place as a therapeutic agent. Its properties were originally investigated by Dr. Gee, and Dr. Murrell called attention to its value as an emetic in cases of poisoning. The salt commonly employed is the hydrochlorate, hydrochlorate of apomorphia, which, given hypodermically in doses of one-tenth of a grain, produces emesis in a few minutes. It is essential that it should be administered subcutaneously, as when given by the mouth it is uncertain in its action. In cases of poisoning it is by far the best emetic to employ, and has already gone far to supersede the stomach-pump. The apomorphia tablets made by Wyeth, of Philadelphia, are excellent, and a prolonged trial has shown that they are thoroughly reliable. For country practice they are invaluable, as a solution ready for use can be prepared at a moment's notice.

THE introduction by Dr. Shoemaker, of Philadelphia, of the oleates, marks an era in the history of scientific therapeutics. The so-called oleates have been employed for many years, but it is only recently that true chemical combinations have come into general use. Nearly all the oleates are worthy of attention; but space permits of a brief notice only of those which are especially valuable.

ZINC OLEATE is a fine pearl-colored powder, not unlike French chalk. It has both an astringent and a stimulating action. In excessive sweating, fetid or otherwise, it is one of the best remedies for topical use. It is especially applicable to those who suffer from an increased flow of sweat around the axillæ and genitalia, or on the palmar or plantar surfaces. For sweating of the feet it is an excellent remedy.

COPPER OLEATE is a most effective application for arresting bleeding, particularly in irritable sores. It is both an antiseptic and antiparasitic. It may be used with advantage in the treatment of ringworm or chloasma. It should be made into an ointment and rubbed in freely.

MERCURIC OLEATE is used as an application to tumors, glandular enlargements, indurations, and thickening of the skin. In obstinate ulcers and indolent papules or tubercles it may be employed with confidence. In animal parasitic diseases it may be regarded as a specific remedy.

MERCUROUS OLEATE, in the form of an inunction, is highly recommended in cases of syphilis. It is a powerful agent and should be applied cautiously, as it possesses deep penetrating power, and its quick diffusion might induce constitutional effects.

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LEAD OLEATE, melted with equal parts of lard, forms a cream-colored semi-solid ointment, which is of much value in the treatment of acute eczema. It is equally beneficial in fissured eczema of the palmar and plantar surfaces. If the inflammation and cracking be severe and deep, the addition of napthol or oil of cade will increase very materially the curative action on the parts. Thymol, carbolic acid, and many other stimulating and soothing agents may be advantageously combined with this preparation.

BISMUTH OLEATE, used in the form of an ointment, possesses an emollient and slightly astringent action, and is useful in soothing and relieving cutaneous irritation. It may be employed with advantage in acne rosacea, sycosis, erysipelas, sunburn, and a host of skin affections.

CONVALLARIA MAJALIS continues to be largely used as a substitute for digitalis. It lowers the frequency of the cardiac contractions, and at the same time increases their tone and energy. Its action may be described as that of digitalis, minus the dangers of cumulative action associated with the employment of the latter. The dose of the tincture is from five to twenty minims, of the extract from two to eight grains, and of the liquid extract from ten to thirty minims.

NITRO-GLYCERINE continues to maintain its place as the best remedy for angina pectoris and other allied affections. It is found that the initial dose should be a small one, and should not as a rule exceed one-hundredth part of a grain. After a time a certain degree of tolerance is established, when the drug can be pushed until its full physiological action is produced. It is now largely used in the treatment of neuralgia, megrim, and many other diseases of the nervous system. It was at one time thought that the provisions of the Explosives Act would interfere with the sale of this valuable remedy, but practically it is found that this is not the case, and that it can be obtained without difficulty. By many, the one per cent. solution in alcohol is preferred, whilst others rely on Martindale's tablets, or on the gelatine-coated pills made by Messrs. McKesson & Robbins, of New York, and imported by Messrs. Burroughs & Wellcome, of Snow Hill Buildings, E. C.

NITRITE OF SODIUM, which in general action is allied to nitro-glycerine, is a valuable remedy for epilepsy, neuralgia, angina pectoris, and other allied conditions. As several accidents have resulted from the use of impure specimens of the drug, great care should be taken to ascertain that it is what it professes to be. The dose should not at first exceed two grains, and it may be administered in water flavored with syrup of Virginian prune, or with aromatics. It is to Professor Matthew Hay, of Aberdeen, that we are chiefly indebted for the introduction of this valuable remedy.

OIL OF ERGOT.—This is a substance which, for many years, was regarded in the light of a waste product. Of late it has been largely employed by Dr. Shoemaker in the treatment of various forms of skin disease. When applied locally, it exerts a protective, soothing, and astringent action. Few remedies are so efficacious in checking the formation of scales in seborrhœa of the scalp and other hairy parts of the body. It is a powerful stimulant to the hair follicles, and promotes the growth of the hair.

THE AMERICAN WITCH-HAZEL (*Hamamelis virginica*) is coming largely into use as a remedy for many forms of hemorrhage. That it possesses most valuable properties is now universally acknowledged. There is reason to suppose that it exerts a specific influence on the muscular walls of the bloodvessels. Half a drachm to a drachm of tincture of hamamelis in four ounces of water forms a convenient mixture, the dose of which is a teaspoonful every ten minutes, until the bleeding is arrested. A reliable preparation of this useful drug is Burroughs's Hazeline, made from the fresh bark. It is a clear pellucid fluid having an agreeable odor and taste. It is useful in all forms of bleeding, and is a sovereign remedy for piles and varicose veins. It has been much used of late in the treatment of post-nasal catarrh, and other affections of the nasal passages. For internal administration the dose is ten minims every three hours in a little water, whilst for a lotion or local application it may be diluted with an equal quantity of water, or glycerine and water.

MONOBROMIDE OF CAMPHOR is one of our best remedies for spermatorrhœa. In therapeutic action it is allied to the bromides. Dr. H. C.

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Wood has given it with benefit in cases of convulsions, whooping-cough, hysteria, and asthma. It may be given in doses of five or ten grains every three or four hours. It is not easy to obtain "in solution," and is best adminis- in the form of the McKesson and Robbins Capsuled Pills, each of which contains two grains.

CHAULMOOGRA OIL is such a valuable remedy that it is a matter for surprise that it is not more generally used. It is the oil obtained by expression from the seeds of *Gynocardia odorata*, and is officially recognized in India as a remedy for scrofula, scaly skin diseases, rheumatism, and leprosy. In the treatment of phthisis excellent results have been obtained. The oil seems to act first as an expectorant, then the cough becomes less troublesome, and finally an improvement is noticed in the general symptoms. The chaulmoogra is both given internally and applied locally. The dose for internal administration is from three to five minims four times a day; whilst for external use, from four to six ounces should be rubbed into the chest or affected part weekly for from two to three months. If these directions are carefully carried out the best results are obtained. It is most essential to obtain a pure and reliable specimen of the drug.

CORROSIVE SUBLIMATE has come largely into use as a surgical dressing, and is undoubtedly one of the best antiseptics. Sir Joseph Lister finds that it combines with albumen to form, not an albuminate, properly speaking, but a simple mixture of the two, and that this mixture is much less irritating than a watery solution of corrosive sublimate. Serum, which has been passed in small quantities through a gauze containing sublimate, will not undergo decomposition, though inoculated with putrefying materials. A large amount of corrosive sublimate must, however, be present in the gauze in order to obtain this result, more especially if blood instead of serum be used for the experiment. As the result of the discovery of the less irritating nature of the combination of albumen and corrosive sublimate, a sero-sublimate gauze is now made by soaking gauze in serum containing sublimate. It is found that a sero-sublimate gauze, containing from 2 to 4 per cent. of sublimate, is not irritating, whilst at the same time it is an effectual antiseptic dressing.

THE OIL OF EUCALYPTUS continues to be largely used as an antiperiodic, and it is said to be of especial value in obstinate cases when quinine has been taken over and over again without much benefit. The weight of evidence is undoubtedly vastly in favor of the possession of decided antiperiodic properties by eucalyptus, but it is not likely to supersede the cinchona alkaloids. The dose is from one to five minims emulsified or mixed with olive oil. Mr. Watson Cheyne uses it in the abortive treatment of gonorrhœa, oil of eucalyptus and iodoform being made into bougies with cocao butter. The best formula is five grains of iodoform and ten minims of oil of eucalyptus in a forty-grain bougie. These rods are four or five inches in length, and about the size of a No. 10 catheter. The following is the mode of application which Mr. Watson Cheyne recommends: After the patient has passed urine, a bougie is dipped in eucalyptus oil and passed into the urethra, a pad of boracic lint being placed over the orifice, covered with gutta-percha, and fastened on by strapping. This is retained for about five hours, when the patient passes water and injects two syringefuls of the solution of sulphocarbolate of zinc—two grains to the ounce of water. This injection is employed six or seven times daily, and is continued for three or four days, and when the acute symptoms have subsided, injections of sulphate of zinc—two grains to the ounce—are substituted. It is advisable at the same time to order diluents and alkalies, to keep the bowels open by salines, and to forbid the use of alcohol. Copaiba is given in half drachm doses thrice daily from the beginning. The contagiousness of gonorrhœa and the period of incubation point to a parasitic origin. The antiseptics, eucalyptus and iodoform, probably destroy the specific organisms without injuring the already irritated and weakened mucous membrane. The acute inflammation is probably caused by a growth of these organisms in the mucous membrane; with their destruction the inflammation ceases to extend, and the altered tissue tends to return to the normal state.

The antiseptic properties of oil of eucalyptus are of interest in connection with the antiseptic treatment of phthisis. It is now largely used for this purpose, and the results are in many cases strikingly beneficial.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y., Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Feb. 1885.

THE BULLETIN especially calls the attention of its readers to an original communication which appears in its columns this month, entitled the "Clinical History and Treatment of Lichen Ruber," written by Dr. P. G. Unna, of Hamburg, Germany. The author, as is well known, ranks as one of the foremost among the dermatologists of Europe, and, as a scientific authority in his specialty, stands peerless. Owing to the exhaustive manner with which the Doctor has treated his subject it will run through four numbers of this magazine before completion. As the manuscript was written in the German language we entrusted it to Dr. George Friebis, an accomplished linguist, for translation, and he has certainly performed his part admirably, for which he has our thanks. It is with pardonable pride that we make the above announcement, for when gentlemen, who occupy such high positions in our profession, both abroad and in our own country, as our correspondents do, voluntarily make THE BULLETIN the medium for expressing their views, and instructing others by their learning and research, it is certainly convincing that the course we marked out to pursue was the proper one, and that it has put this journal far in the front of medical literature. We doubt very much if any of our contemporaries can show an array of talent equal to that which is continuously displayed in the columns of THE BULLETIN; and we are perfectly willing that the medical reading public shall be the judges, confident of their decision. When we remarked, in an editorial, written after our return from Europe, that we had not been unmindful of our readers' interests, it was no unmeaning boast, as we have thus far made good our assertion, and the end is not yet. In conclusion, we repeat that it is with much pleasure we introduce Dr. Unna to our numerous friends, for so we esteem all the readers of this periodical.

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## *ALIMENTATION IN DISEASE.*

PROFESSOR AUSTIN FLINT recently delivered an admirable address before the New York State Medical Association, in which he directed attention to the value of alimentation in the cure of disease. This is a subject which does not always receive the attention it merits. Too often the physician considers his whole duty to consist in the administration of medicines, regardless of the fact that they can only do good by restoring the equilibrium between the vital processes, and cannot compensate for a deficiency of the nutrient material, which is essential for the proper performance of every function. It is true that by the use of appropriate remedies certain organs can be stimulated to increased activity, and various noxious substances thus eliminated from the system. If, however, a sufficient supply of the elements of nutrition be not furnished at the same time, the jaded organs will become feebler and feebler and finally fail to respond to any stimulus.

In considering the therapeutical application of dietetics, Professor Flint well says that there are two fundamental principles to be kept in view. One of these is that there is never danger from over-nutrition in either acute or chronic diseases. The other is that in all diseases which destroy life by slow asthenia or exhaustion death is due to starvation, and may be averted if effective nutrition and assimilation be practicable. The soundness of these principles has been recognized by the most eminent practitioners of all ages, and will be found to be the basis of their more notable and successful methods of treatment. The ancients, as is well known, were so much impressed with the

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value of a suitable regimen as a means of cure that they refer more frequently to it than to the benefit to be derived from medicines alone. Cheyne, in commenting upon this, wrote that it was to be observed that "Hippocrates, Galen, Celsus, and their followers, cured by means of diet, evacuants, air, and exercise mostly, even as well as we do with all our knowledge of animal economy, chemistry, and materia medica." Cheyne, himself, who was one of the shrewdest observers of his time, laid equal stress upon the importance of an appropriate diet. "Let us not forget," he exclaimed, "the dietetic management, that part which has the greatest influence, especially in nervous and chronic distempers, and without which the best and truest remedies fail of their effect."

Physicians, however, have their idols as well as the rest of mankind. Accordingly, we find that too many have ever been prone to regard the matter of diet as of comparative unimportance, and to place unlimited faith in the power of drugs alone. This unreasoning credulity is undoubtedly responsible for much of the superficial skepticism which assumes that the course of disease is uninfluenced by any remedy. Of late years, however, the relation of diet to therapeutics has been more definitely established. The physician is no longer obliged to restrict himself to the vague direction of eating only "good nourishing food," but is enabled to specify the articles which may be taken, and those which are to be avoided, in each particular case. Among the causes which have combined to bring about this desirable result, the most prominent was the incorporation of a section on alimentation in Bartholow's Materia Medica. Previous to this it had not been considered worthy of a place in any treatise, although, as Professor Bartholow cogently stated in his introduction, "The various aliments are of the first importance as remedial agents. No satisfactory repair of diseased or wasted tissues can take place without a suitable supply of healthy blood, and healthy blood is the product of proper food and normal digestion and assimilation."

In this section the composition of the more common articles of food, with their relative value in health and disease, was given in detail, and the various special plans of diet-treatment, such as the milk-cure, grape-cure, etc., were fully explained, and the conditions described which gave them their value. Since then there has been a more general appreciation of the fact that in the dietetic treatment we possess a useful, and often indispensable, auxiliary to the medicinal one. The wonderful success of Dr. Weir Mitchell in the relief of many obstinate nervous affections by rest and food only is well known. Equally brilliant results have been attained from the same method by other physicians. Recent experiments indicate that similar benefit may be obtained in some chronic wasting diseases by a combination of forced feeding with artificial digestion. Much remains, however, to be ascertained before our knowledge can be placed upon an exact basis. The cure of disease is an intricate problem, for the solution of which several elements are requisite. The element of alimentation is, however, one of the greatest importance.

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## *NINTH INTERNATIONAL MEDICAL CONGRESS.*

THE committee on organization of the Medical Congress, to be held in Washington, D. C., in 1887, have already selected some of the officers and adopted rules for what should be one of the largest and most useful gathering of medical men from all parts of the world. The recent meeting held at Copenhagen has demonstrated how much good scientific work can be accomplished by such meetings when proper preparation has been made. The committee on organization have recognized this fact, and have gone to work early, in order to arrange and perfect such an organization as will be worthy of the American medical profession. They are doing their duty well, but the profession throughout the country should soon begin to move, and give them all possible assistance. Each State and County Society might appoint sub-committees on finances, and thus be of the utmost assistance to the executive committee in making the coming meeting an assured success beyond all doubt. The profession in Europe, from the

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knowledge of the matter, are looking forward with much interest to this ninth international meeting, in 1887, and very many of the most prominent members from all the large medical centres expect to be present. We should, therefore, one and all, assist Dr. J. S. Billings and the executive committee in giving them a hearty welcome.

## *THE AMERICAN MEDICAL ASSOCIATION.*

THE annual meeting of the American Medical Association at New Orleans in April of this year promises to be unusually large, and the sections to be well filled with plenty of original work. Our Southern friends always have a most perfect arrangement at all times when the association meets in their midst. This southern medical centre contains some of the very best men in our profession, who unite in extending a most cordial welcome to the members from all parts of the country. It is to be hoped that the Pennsylvanians, as usual, will be present in large numbers, as a compliment to our well deserved Southern brethren, especially the president, Dr. H. F. Campbell, whose election was an honor to the American medical profession, and who will give, upon the occasion of the meeting in New Orleans, one of his happy and interesting addresses.

Dr. Samuel Logan, 241 Prytania Street, is chairman of the committee of arrangements, and will gladly receive and assign the papers of the members to the several sections.

## *MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.*

THE thirty-sixth annual meeting of the society will be held on the second Wednesday of May, 1885, at Scranton, Lackawanna County, Pa. The title of all papers should be sent to the chairman of the committee of arrangements, Dr. G. F. Everhart. The members of the society, however, should bear in mind the following resolution and amendment, that was passed at the last annual meeting in Philadelphia:—

*Resolved*, All papers read or appointed to be read before this society become thereby the exclusive property of the society, and the author has no right to publish, or cause to be published, the paper, or any part of the same, without the consent of the society; and that the committee on publication shall not be at liberty to publish any paper that has been published in violation of the above requirement.

The amendment offered by Dr. Strawbridge and adopted also, as follows:—

*Resolved*, That the chairman of the committee on publication be authorized to publish abstracts of the papers read at the meetings of the Medical Society of the State of Pennsylvania, the same not to interfere with the regular authorized yearly publications.

The members, by the adoption of the resolution and amendment, are now not at liberty to furnish to any medical journal the least account of the material in their contributions to the society. All papers and abstracts go into the hands of the chairman of the committee on publication, and it will be his duty in the future to say whether any part of them shall or shall not appear.

## *THE AMERICAN MEDICAL EDITORS.*

THE time is drawing near for the annual meeting of the Association of American Medical Editors in New Orleans. It will be held the evening before the day of the organization of the American Medical Association.

The association has already a large membership, and it is to be hoped that a large number will be present and take an active part in this annual gathering, that has been the means of doing considerable good the past few years. Medical editors, authors, and writers are all eligible to membership. The members of the entire profession are always welcome at the meetings. The following are officers of the association: President, Dr. Henry O. Marcy, Boston, Mass.; Vice-President, Dr. John V. Shoemaker, Philadelphia, Pa.; Secretary, Dr. H. O. Walker, Detroit, Mich. At the coming meeting the president will deliver his annual address, which will be open for discussion to the association, as well as to the members of the profession that may be present.

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PHILADELPHIA COUNTY MEDICAL SOCIETY.—Dr. William Welch, the retiring president of the society, who has so ably filled his office now for several years, delivered, on Wednesday evening, January 14th, before the members and a large number of guests, an interesting and most instructive address on "The Jenner of America." On the adjournment of the meeting, a social entertainment was held in the pathological room. The committee of arrangements, Drs. Charles M.. Seltzer, William R. Cruice, and Maurice S. French, deserve a special compliment from the society for the excellent manner in which the entertainment was conducted. A mingling of the social element in the society has been largely instrumental in making it the most popular medical one in Philadelphia. Dr. William Welch, the retiring president, has been one of the most active and energetic members in bringing the organization to its present state of perfection, and is well worthy of the compliment just tendered to him by his fellow-members.

## FOREIGN CORRESPONDENCE.

### *COCAINE.*

ITS USE IN THE VIENNA AND LONDON HOSPITALS—EMBOLISM OF RIGHT BRACHIAL AND RIGHT CEREBRAL ARTERIES, ETC.

EDITOR OF MEDICAL BULLETIN: From the many things that I have seen and heard, both in this city and in Vienna, about which I might write, it is hard to choose that which would most interest your readers.

Since cocaine is the newest thing, and that which is attracting most attention now, I will give it the first place. Like all new discoveries in medicine, it is undergoing severe trial in the hands of many men, some of whom sing loudly the praises of the new drug, while others say "it does no good," in manner that would indicate that they are glad of it, since they, themselves, happened not to be its discoverer and introducer.

That cocaine is good for some things has already been abundantly proven. In the Royal London Ophthalmic Hospital cocaine was added to the list of remedies soon after its introduction, for trial, and now it has become a necessity. The strength of the solution used is four grains to the ounce of water, a drop or two of which is put in the eye every five minutes until the fourth or fifth repetition, and the operation is performed five minutes after the last one. When the patient is put on the operating table one of the effects which we notice that the medicine has produced, is a wide dilatation of the pupil; and another is, when the operator touches the cornea with his finger, or takes hold of the conjunctiva with his forceps, there is, in most cases, no motion on the part of the patient to indicate that he feels any disagreeable sensation. He often says that he feels nothing. Then, so far as the cornea and conjunctiva are concerned, the operator feels that he can do his work without inflicting pain, and yet the patient is in the full possession of his consciousness; and so he does in most cases. There are some, however, on whom as much cocaine has been used as ordinarily, and in whose cases the touch with the finger and forceps is satisfactory, yet under the knife or scissors the patient suffers. Whether a stronger solution of the drug, or a longer continuance of its use, would entirely prevent pain in such patients we know not, but think it probable, knowing that some patients require much more ether or chloroform to render them insusceptible to pain than do others.

In cases where foreign bodies have to be removed from the cornea, cocaine acts like a charm, and were it good for nothing else, it would still be a blessing. All who have ever removed a foreign body from the cornea know how agonizing is the pain endured by some patients when being operated on. When cocaine has been properly used, most patients experience no pain, and are troubled but a short while by the dilatation of the pupil, this effect of the drug usually passing away in an hour or two.

In the operation for strabismus cocaine is extensively used, and with good results. In most patients there is no pain on cutting through the conjunctiva, which, ordinarily, is the most painful part of this operation, the taking up and the cutting of the tendon being attended by but little pain.

I have seen cocaine used but little in cases operated on for cataract. Most operators here (nearly all of whom give ether or chloroform before this operation) are afraid to risk it, preferring to take the greater risks attending the administration of our old anæsthetics. Unquestionably the cocaine renders *nil*, in some cases, the pain produced by the use of the fixation forceps and cataract knife, and to a few the iridectomy seems to give no uneasiness. On such a case Mr. Tay operated this morning. The patient was an old man, and, though the operation was prolonged, on account of some lens substance remaining after the body of the lens came out, he had a placid face throughout, giving evidence at the end in favor of the use of cocaine.

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Some one has suggested that the operation for cataract ought to be performed as follows: First, put the *patient* under the influence of ether or chloroform, and perform a preliminary iridectomy; secondly, after the eye has recovered from this operation, put the *eye* under the influence of cocaine and extract the lens, thus avoiding the risk attending the vomiting, which so often follows the administration of an anæsthetic, especially ether.

Cocaine has also been used in urethral surgery. Only to-day, at St. Peter's Hospital, I was told that one patient's urethra was so irritable that any attempt to pass the catheter gave him much pain. A solution of cocaine was injected and retained for a minute or two, when the catheter was immediately passed without giving pain.

In the removal of growths from the nose and larynx, cocaine has already a fixed use. During my course of study under Professor Stoerk, of Vienna, he had a patient who had a tumor on the left vocal cord, which he removed without giving the least pain, having first brought the parts concerned under the influence of cocaine. I have heard of a similar case operated on in London, with like results. After such an operation the patient must not be allowed to swallow any fluid for a short while, some of which would almost surely enter the trachea, the insensibility of the larynx leading to its incomplete close in the act of deglutition. This insensibility, however, is but of few hours' duration.

Having written enough about cocaine, I now turn to write about some medical and surgical cases I have seen in the hospitals of London. One of the most interesting, as well as most curious, medical cases I have seen was shown me by Dr. George Johnson, in one of the medical wards of King's College Hospital. The patient was a man of middle age, who, not suffering from any heart disease, had embolism of the right brachial artery and right cerebral artery, occurring simultaneously. The plugging of the brachial artery had resulted in loss, by mortification, of several fingers; while left-sided hemiplegia resulted from the plugging of the cerebral artery.

Another interesting case was that of a lady, in whom there was a closure, in part or complete, of the inferior vena cava, the blood being returned to the heart through superficial veins on abdomen and chest, the course of the flow in some of the veins having been changed.

Of the many surgical cases I have seen, one of Mr. Bryant's, at Guy's Hospital, is of sufficient interest to record here. The patient was a young man, a laborer, in good health to the time of his accident. Some weeks before coming to the hospital, on attempting to lift a heavy load, he heard something pop, and felt a peculiar sensation in the region of Scarpa's triangle, on right side. In a day or two he noticed a little lump, which continued to increase in size from day to day. Mr. Bryant's diagnosis was traumatic aneurism of the femoral artery. The patient consented to an operation for his cure, which was done by ligating the external iliac, the tumor being too near Poupart's ligament to allow the passage of the ligature around the femoral artery. This was the ninth time that Mr. Bryant ligated this vessel.

Many surgeons in London contemplate with a feeling of horror, the operation of "wiring the patella." Mr. Lister likes the operation, however, and performs it quite frequently. I have seen him do the operation once. The patient was a woman, who, two years previously, had fractured her left patella transversely. The segments had not been properly approximated, and when she got well they were about an inch and a half apart, united by a fibrous band. She had fairly good use of her limb, but having been promised that it could be made better, she gave her consent to an operation. She was put under the influence of ether; the limb was elevated, so as to empty it as nearly as possible of blood, and then a cord was cast around the thigh. Mr. Lister made an incision six inches long, extending from the inferior border of the lower segment up in the median line. The next step was to separate the tendon and lower end of the quadriceps extensor from both their superficial and deep connections, as far as the incision would allow. He then passed a silver wire through the tendon just above the upper segment, and made it into a loop so as to facilitate a very important part of the operation, the proper division of the muscle and tendon, to allow the upper fragment to descend to the lower. He then made a V-shaped incision, partly in muscle and partly in tendon, the point of the V being above the centre of the upper segment. From the upper end of each prong of the V he made incisions, in the one instance down and out, in the other down and in, leaving still undivided some of the muscle and tendon both on the outside and in. The incision as completed was in the shape of the letter M. Now the two segments could be easily approximated. He then removed the fibrous band connecting them, and with the chisel and pliers freshened the surfaces to be united, and then drilled a hole in each from the freshened to the anterior surface. Through these holes he passed a silver wire and bound the two pieces together, having first tied all bleeding vessels. Having twisted the wire securely, he cut the ends off close. Finally, after inserting a number of drainage tubes, he brought the edges of the external wound together, by means of sutures, and applied his usual dressing.

It is needless to say that the *spray* was used,

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and that everything about the patient had first been put in a solution of carbolic acid of a definite strength. Nor did any man dare touch either patient or instruments without having dipped his hand in a solution of carbolic acid, prepared for the purpose. "Listerism" is carried out to the letter by Mr. Lister, who doubtless believes that most patients would die without it, however trivial might be the operation.

G. C. SAVAGE.

London, England, Jan. 9, 1885.

# COLLEGE GOSSIP.

### *University of Pennsylvania.*

Dr. George P. Terrill (Class of 1853), graduate for nearly thirty years, an active practitioner of medicine in Salem, Va., died suddenly of uræmic convulsions, at his residence there, on the morning of November 5th, in the fifty-fourth year of his age. Dr. Terrill was one of the most distinguished physicians of the State. He leaves two sons in the profession. His eldest son, Dr. Francis H. Terrill, is Professor of Therapeutics in the University of California, San Francisco. His third son, Dr. George M. Terrill, is a recent graduate of the University of Pennsylvania (Class of 1883), and succeeds to his father's practice.

Dr. J. William White (Class of 1871) delivered an interesting lecture on the opening of the Training School for Nurses in the Philadelphia Hospital.

Dr. W. W. Jaggard, of Chicago, read an excellent paper, entitled Palliative Measures in Rupture and Extra-Uterine Pregnancy, December 1st, before the Chicago Medical Society.

The Biological Department of the University of Pennsylvania was formally opened on the 4th of December by the Provost, Dr. William Pepper. It will be under the direction of Dr. Joseph Leidy. Its prime object will be to encourage individual and original research.

Prof. John Ashhurst's fifth volume of the "International Encyclopedia of Surgery," has just been issued by the well-known publishing house of William Wood & Co., of New York.

### *Jefferson Medical College.*

Dr. G. C. Savage, of Jackson, Tenn., who has been pursuing his studies in Vienna and London, has written THE BULLETIN an interesting letter, which appears in this issue. Dr. Savage expected to sail for home January 29th and spend a session in attending the post-graduate courses at his *Alma Mater*.

The officers of the Class of 1885 are: President, J. D. Orr; Treasurer, J. C. Barr; Secretary, J. E. Oliver.

Dr. Wm. S. Higbee (Class of 1883), of Philadelphia, was married on January 6th to Miss Jennie K. Scull.

Dr. William B. Atkinson was in attendance last month at the Pennsylvania Editorial Association, held at Harrisburg, Pa.

The late Dr. J. Marion Sims was preparing, prior to his death, a work entitled "The Story of my Life," which has recently been edited by his son, Dr. H. Marion Sims, and published by D. Appleton & Co., of New York.

Dr. Francis R. Shain, surgeon of the Red Star Line of steamers, was presented, a few months ago, with a gold medal by the Royal Humanitarian Society, for his valuable assistance in a surgical operation performed by the distinguished Belgium surgeon, Dr. Leopold Servia, of Antwerp.

Dr. Henry Leaman (Class of 1864) exhibited an unusually good dynamometer of his own invention, before the Philadelphia County Medical Society, Wednesday, Jan. 21, 1885.

### *University of Vermont.*

Dr. Ambrose L. Ranney, Professor of Applied Anatomy in the Post-Graduate Medical School of New York, has been appointed to fill the chair of Anatomy, recently made vacant by the death of Professor Wm. Darling.

### *Alabama Medical College.*

Dr. Edmund Pendleton Gaines died of Bright's disease, in Mobile, Ala., December 7th. He was Professor of Physical Diagnosis and Clinical Medicine in the Alabama Medical College.

### *McGill University.*

The undergraduates of medicine in the McGill University held their annual dinner at the Windsor Hotel on Thursday evening, December 4th. About 140 men were present, including many members of the Faculty and University officials, and distinguished guests.

H. V. Ogden, B.A., M.D. (McGill, 1882), has been nominated Lecturer on Materia Medica in the new School of Anatomy and Surgery to be opened in Milwaukee, Wis., next March.

### *University of Louisville.*

Dr. T. S. Bell, of Louisville, Ky., died in that city December 28th. He was appointed Professor of State Medicine and Sanitary Science in the University of Louisville, and retained this position with distinction up to the day of his death. He was editor for many years of the Louisville Medical Journal.

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# MEDICAL NEWS AND MISCELLANY.

NINTH INTERNATIONAL MEDICAL CONGRESS.—The following officers have been elected by the committee on organization: President, Dr. Austin Flint, Sr., of New York. Vice-Presidents, Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada. Secretary-General, Dr. J. S. Billings, U. S. Army. Treasurer, Dr. J. M. Browne, U. S. Navy. The Executive Committee, the President, the Secretary-General, and the Treasurer (*ex officiis*); Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

PHILADELPHIA ACADEMY OF SURGERY.—Dr. John H. Packard delivered the annual address on Monday evening, January 5th.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY elected, on January 7th, the following officers: President, R. J. Levis, M.D.; Vice-Presidents, O. H. Allis, M.D., and De Forrest Willard, M.D.; Secretary, H. Leffman, M.D.; Corresponding Secretary, M. S. French, M.D.; Treasurer, L. K. Baldwin, M.D.; Librarian, C. M. Seltzer, M.D.

THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—At the meeting held January 7th the following officers were elected: President, J. M. Da Costa, M.D.; Vice-President, S. Weir Mitchell, M.D.; Secretary, Richard A. Cleemann, M.D.; Treasurer, Chas. Stewart Wurts, M.D.; Honorary Librarian, J. H. Hutchinson, M.D.; Recorder, J. Ewing Mears, M.D.

HUDSON COUNTY MEDICAL SOCIETY OF NEW JERSEY.—At a special meeting of the society, held in Franklin Hall, Jersey City, January 6th, Dr. John V. Shoemaker, of Philadelphia, by invitation, delivered a lecture on Psoriasis, illustrated by cases from the Philadelphia Hospital for Skin Diseases. At the conclusion of the lecture Dr. J. M. Quimby entertained Dr. Shoemaker at dinner and at an evening reception at his house, the latter being largely attended by the resident members of the profession. Among the prominent guests present was Professor Alfred Post, of New York, who is still an active worker in the profession he has so well adorned. Notwithstanding Dr. Post's advancing years, he continues as enthusiastic as ever in all matters of professional interest.

DR. JAMES H. DUFF, of the South Side, Pittsburg, Pa., died on Monday night, December, 22, 1884, at the age of sixty-one years. Dr. Duff, after a thorough preliminary education was completed, entered the office of Drs. Allison & Stewart, of Murraysville, and then, from 1845 until 1848, attended the lectures at Jefferson Medical College at Philadelphia. At the close of the latter year he passed a highly creditable examination for the United States Navy, after which he returned to his father's home on a visit. Being asked by many friends to remain at home, he finally gave up his intention of entering the navy and entered upon an almost immediate and lucrative practice. Here he remained for eighteen years, the friend of the rich and poor alike, discharging with unflagging zeal the duties of his noble profession. Dr. John Milton Duff, a son of the deceased, who graduated in Jefferson Medical College in 1874, since which time he has been in active practice, will succeed his father at his late place of residence.

# BOOK REVIEWS.

*Myths in Medicine and Old-Time Doctors.* By ALFRED C. GARRATT, M.D., Fellow of the Massachusetts Medical Society; Member of the American Medical Association, etc. New York and London: G. P. Putnam's Sons, 1884.

In this scholarly and interesting volume the rise and progress of medical science is sketched by a skilful hand. Beginning with the aphorisms of Hippocrates, and the doctrines of Galen and his disciples, the current of medical thought is traced through all its vicissitudes, until the revival of rational methodical inquiry in the eighteenth century. The theories of the alchemists, and the other delusions of the middle ages are duly described. The most instructive chapter, however, is that which details the successive steps in the recognition and treatment of diseases of the nervous system. Notwithstanding the obscurity in which those affections were enshrouded, many marvelous cures were effected by the old-time doctors. They knew nothing of minute anatomy, and but little of physiology, but they were careful observers of all the phenomena of disease, and almost intuitively adopted a plan of treatment, which might be followed with benefit even at the present day.

*Visions of Fancy.* By N. M. BASKETT, M.D., St. Louis, Mo.: Commercial Printing Co.

This elegant volume is a collection of the poems written in the intervals of a busy practice by Dr. N. M. Baskett, of Moberly, Mo. Several of them have been published in various Western journals, and copied extensively throughout other sections of the country. Their appearance in book form now will be hailed with pleasure by those who read them at that time. They are all, without exception, of more than usual merit, and many of them are worthy of a high place in American literature.

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*The Medical Graduate and his Needs.* By GEORGE C. WELLNER, M.D. Detroit: George S. Davis, 1884.

This little book consists of a series of well-written essays on the difficulties of diagnosis, prognosis, and treatment, which are sure to confront every young physician. The common error of making a too superficial examination is well pointed out, and the importance in all cases of pursuing a plan of methodical inquiry is strongly urged.

*A Manual of Bandaging—Adapted for Self-Instruction.* By C. HENRI LEONARD, A.M., M.D., with one hundred and thirty-nine engravings; second edition, revised and enlarged. Detroit, Mich.: Illustrated Medical Journal Company.

The proper application of a bandage not only materially contributes to the comfort of a patient, but is absolutely necessary for the attainment of the best results. There are times, however, in which it is difficult to decide just how one should be employed to the best advantage. In these cases a reference to this valuable work will make the matter clear. Every bandage that is likely to be used is described in it in a plain and explicit manner. The illustrations are well-executed and equally clear.

*Physicians' Daily Pocket Record and Visiting List.* By S. W. BUTLER, M.D. Edited by D. G. BRINTON, M.D. Published at the office of the Medical and Surgical Reporter, Philadelphia.

This well-known and popular visiting list is now in the nineteenth year of its publication. It contains a well-arranged obstetric and vaccination record, as well as an ample amount of space for daily memoranda, cash record, etc. It also contains a complete posological table, with doses for hypodermic use, a chapter on the treatment of emergencies, a very clear description of the various urinary tests, and a review of the latest remedies brought before the profession.

*A Text-Book of Pathological Anatomy and Pathogenesis.* By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited by DONALD MACALISTER, M.A., M.B., member of the Royal College of Physicians, etc. New York: Wm. Wood & Co., 1884.

While an accurate appreciation of morbid processes is essential for the proper administration of therapeutical remedies, it must be admitted that many treatises on pathology are not written with the clearness and conciseness so necessary for the proper understanding of so important a subject. No such objection, however, can be urged against this volume, which is issued as the September number of Wood's Standard Library. Its author Dr. Ziegler, is well known as one of the most distinguished of modern anatomists. A previous volume published by him, on general pathology, met with a most flattering reception, three editions having been called for within a year. There is no doubt that this one will be equally as popular; for, while it contains all the ascertained facts of morbid anatomy, arranged in a direct and lucid manner, it is singularly free from useless minutiæ and idle speculation.

*A Manual of Diseases of the Throat and Nose, including the Pharynx, Larynx, Trachea, Œsophagus, Nose, and Naso-Pharynx.* By MORELL MACKENZIE, M.D. *Vol. II. Diseases of the Œsophagus, Nose, and Naso-Pharynx.* New York: Wm. Wood & Co., 1884.

The good judgment that has made Wood's Standard Library so popular is well-exemplified in the publication of this admirable volume as the August number. Dr. Mackenzie's reputation as an authority in diseases of the throat and air-passages is as well deserved as it is world-wide. This volume contains a full explanation of the line of treatment that has been so successful in his hands. It is illustrated with a number of appropriate engravings, and written with the clearness and precision that can only come from a thorough knowledge of the subject. It also contains an exhaustive description of all the affections of the nose, naso-pharynx, and œsophagus, which will well repay careful study. Diseases of these parts do not always receive sufficient attention, particularly after the acute symptoms have subsided. It is more than possible that this neglect will frequently lead to the involvement of more important structures.

*What to do in Cases of Poisoning.* By WM. MURRELL, M.D., F.R.C.P. Fourth edition. London: H. K. Lewis, 1884.

This valuable little book well deserves the popularity which has been bestowed upon it. Indeed, we do not know of any work that contains so much essential information within so small a space. Neither do we know of any subject more deserving of earnest attention than this very one of poisons and their treatment. For, owing to the increase of arts and manufactures requiring the use of strong acids and other potent chemicals, cases of accidental poisoning are of frequent occurrence. The physican may therefore be called on at any moment to treat such a case. If his knowledge is equal to the emergency all may be well, if not, his position will be a most unenviable one. For, as the talented author truly remarks, "Nothing more painful can be imagined than to be called in to a case of poisoning and not know what to do."

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In preparing the fourth edition, the author has revised and enlarged it, in order to incorporate the results of the most recent physiological and therapeutical discoveries. It now contains a section on "the differential diagnosis of poisons," "the antidote bag and what to keep in it," "the legal aspect of cases of poisoning," and a very full description, alphabetically arranged, of the more common poisons, their symptoms, and the remedies by which their effects can be most effectively combated. We can cordially recommend it to our readers as being the best manual that has yet been written on the subject.

*The Basic Pathology and Specific Treatment of Diphtheria, Typhoid, Zymotic, Septic, Scorbutic, and Putrescent Diseases.* By GEORGE J. ZIEGLER, M.D., Philadelphia, Pa. Published by the author.

Dr. Ziegler is a firm believer in the theory that all the various zymotic and septic diseases are so intimately dependent upon or complicated with an excess of ammonia in the system, that it is to be regarded as the prime factor in their production. With the aim, therefore, of effecting its neutralization or elimination, the remedies administered should be of an acid or anti-alkaline nature. A number of authorities are referred to in support of this view, which probably contains a stratum of truth. Modern pathology, however, has shown that the undue alkalinity, as well as the ammoniacal odor, which has been observed at times in the blood, is due to the dissolution of the tissues, and is, therefore, a consequence and not a cause of the original malady. While we are thus unable to indorse the author's ideas on etiology, there can be no doubt that the line of treatment favored by him is in full accord with the experience of the profession.

*Transactions of the Medical Association of Georgia; Thirty-fifth Annual Session.* Compiled by JAMES A. GRAY, M.D., Secretary, Atlanta, Ga. Published by the Association.

The flourishing condition of the Georgia Medical Association is well shown by the sumptuous appearance of this elegant volume of 477 pages. The press-work, paper, and binding are of the finest quality, and combine to make it a model of the book-making art. The contents are of an equally high order of merit, whether viewed from a literary or a practical point of view. Among the articles especially noteworthy is a report by Dr. Robert Battey of over thirty cases in which either ovariotomy or Battey's operation was performed with complete success; and a valuable and suggestive paper on "Diet in consumption, and other morbid states and processes in diseases of the genito-urinary system," by Dr. R. J. Nunn, of Savannah.

*Medical Rhymes.* A collection of rhymes of ye anciente time, and rhymes of ye modern day. Rhymes grave, and rhymes mirthful; therapeutical and surgical; all sorts of rhymes to interest, amuse, and edify all sorts of followers of Esculapius. Selected and compiled from a variety of sources, by HUGO ERICHSEN, M.D., Professor of Neurology in the Quincy School of Medicine, etc. With an introduction by Professor WILLIS P. KING, M.D., Sedalia, Mo. Illustrated. J. H. Chambers & Co., St. Louis, Mo., Chicago, Ill., Atlanta, Ga. 1884.

Of all the recent works that have appeared, few possess, for relaxation and pleasure from reading, so much that will interest. The illustrations well portray the collection of rhymes, and the book merits a ready and rapid sale. It is printed on good paper and well bound.

*Modern Medical Therapeutics; A Compendium of Recent Formulæ and Specific Therapeutic Directions, from the Practice of eminent contemporary Physicians, American and Foreign.* By GEORGE H. NAPHEYS, A.M., M.D. Edited by JOSEPH F. EDWARDS, M.D., and D. G. BRINTON, M.D. Eighth edition. Enlarged and revised. Philadelphia: D. G. Brinton, M.D., 115 South Seventh Street, 1885.

One of the most popular and practical works again appears for the eighth time, after a most careful revision. The editors have exercised an unusual amount of pains in incorporating in an already good book the recent important and useful additions to modern therapeutics. This edition contains about a hundred pages more than appeared in the last one, and in addition to the views of some of the most eminent physicians of the most successful methods of treating various diseases, it also contains valuable notes of hospital practice and clinical lectures. We commended the last issue, and then fully set forth its merits to the practitioner. We can but again repeat our former view of the present eighth issue, which is even more valuable than the previous one, on account of the important additions that have been made to it.

*Holden's Anatomy; A Manual of Dissection of the Human Body.* By LUTHER HOLDEN, late President of the Royal College of Surgeons of England; Consulting Surgeon to St. Bartholomew's and Foundling Hospitals. Fifth edition; edited by JOHN LANGTON, Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital. With over two hundred illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1885. Cloth, $5.00; sheep, $6.00.

This manual is probably the most concise anatomical work of all the parts of the human body, excepting the bones, now published in

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the English language. The author, in considering each region of the body, points out the most suitable way of examining the skin, muscles, vessels, nerves, etc., as they are in turn brought into view during the dissection. The elementary principles are stated in a simple, but thorough, manner. At the same time the relation of the parts are pointed out without any minute and dry description. It will thus furnish to the student the very best companion for careful and accurate dissection of the human body, the choice, clear diagrams being most valuable and useful in impressing each region upon the mind. The work will also be, in its present revised form, most valuable to practitioners to refresh their anatomical knowledge. The dissection of the brain and the organs of special sense are most thoroughly discussed, and the several parts are well shown by some exceptionally good illustrations. The reader will also be especially attracted to the dissection of the parts concerned in inguinal hernia, the instruction as to the method of washing out the different layers, or coverings, of hernia, as well as the relation of the parts, are most clearly and lucidly described. The book is printed on good paper, well bound, and a most convenient size to be used as a constant book of reference.

*Elements of Practical Medicine.* By ALFRED H. CARTER, M.D., Lond., M.R.C.P., etc. Third edition. New York: D. Appleton & Co., 1885.

This volume is partly intended for the use of students, as a general introduction to the study of medicine, and partly to bring the essentials of the subject within the grasp of those practitioners who have not the leisure or disposition to consult the larger text-books. With this idea in view, the author's descriptions of cause, diagnosis, prognosis, and treatment are necessarily brief. In fact many diseases are disposed of in a couple of pages, and some have only one assigned to them. The main features of each are, however, pointed out, and the appropriate remedies indicated.

*Philadelphia Medical Register and Directory, 1884-85.* Edited by WILLIAM B. ATKINSON, M.D., etc. Philadelphia: Collins Printing House, 1885. Price $1.00.

This little volume has just been placed upon our table. We welcome it gladly. From its foundation (this is the seventh edition) it has been accepted as the authority for medical information in our city, and our only regret is that its publisher does not find it sufficiently remunerative to issue it every year. There are so many minor points on which the busy practitioner is constantly desiring information, and which are furnished by this volume, which should always be found on his desk for ready reference; time is thus saved him in seeking such knowledge, the full extent of which can only be appreciated if one were to endeavor to look up some such matter without recourse to this very valuable little work. We repeat it, every physician, in fact every apothecary, nurse, collector, and medical aid of whatsoever kind, should have a copy, and thus be enabled, in an instant, to find the information he may require relative to the profession. We regret to see in the editor's preface that in gathering the points for his work, he is not in every way fully seconded by some members of the fraternity.

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## *NEW PUBLICATIONS RECEIVED.*

Wide Awake, Christmas number. $3.00 a year. Illustrated. D. Lothrop & Co., Boston.

Correspondence with T. Spencer Wells, F.R.C.S., on Ovariotomy.

A Sketch of the Life of Dr. Robert Bridges, by W. S. W. Ruschenberger, M.D.

The Influence of Lung Retractility in Pleurisy and Pneumo-Thorax, by F. Donaldson, M.D.

Official Report of the Relief furnished to the Ohio River Flood Sufferers, by R. P. M. Ames, A.M., M.D.

Case of Chronic, Purulent Inflammation of the Middle Ear, giving rise to Intra-Cranial Disease, Double Optic Neuritis. Perfect recovery. By Dr. John F. Fulton, St. Paul, Minn.

Hyperæsthesia, by James T. Searcy, M.D.

A Periodical Painful Affection believed to be Located in the Liver, its Capsule, or Both, or possibly an Irritation of the Capsule of Glisson, by R. Harvey Reed, M.D., Mansfield, Ohio.

Irritation of the Prostate, by R. Harvey Reed, M.D., Mansfield, Ohio.

A Criticism of Dr. Formad's Printed Statement and Conclusions concerning Ætiology of Tuberculosis, by E. O. Shakespeare, M.D., Philadelphia, Pa.

Club Foot; Is Excision of the Tarsus Necessary in Children? by De Forest Willard, M.D., Philadelphia, Pa.

Address on Ophthalmology, by W. S. Little, M.D., Ph.D.

The Influence of Climate on the Treatment of Chronic Catarrh of the Middle Ear, by J. F. Fulton, M.D.

Report of the Board of Managers of the Pennsylvania Hospital.

On a Case of Empyema, by J. G. Scott, M.D., Hazeldean, Ontario.

Poisoning by Canned Goods, by John G. Johnson, M.D., Brooklyn, N. Y.

Report on Surgery, by Roswell Park, A.M., M.D.

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## OUR ADVERTISERS.

A CORRECTION.—Owing to a typographical error in a portion of our January edition, we make the *Rio Chemical Company* say in their advertisement that "Acid Maltine is a mild, safe, and pleasant aperient." This should have read *Acid Mannate, etc.*, and we owe it to this scientifically prepared vegetable remedy to note the correction. Reports of its worth are numerous, and we would not willingly detract from its reputation.

URETHRAL BOUGIES.—In the January issue of THE MEDICAL BULLETIN Dr. J. H. Bradshaw called attention to gelatine bougies as elegant vehicles for urethral medication. C. L. Mitchell, M.D., & Co., of this city, are manufacturers of these remedies, and offer to send samples and a treatise on their use to any physician who mentions this journal and incloses ten cents to pay postage. Write to them.

JENSEN'S PEPSIN.—Numerous imitations of Jensen's Pepsin have recently been placed on the market. Although the fact of imitations being made is always a testimonial to the worth of a really meritorious article, yet the original preparation usually suffers from the use of the imitations because of their inferiority. We believe that Jensen's Pepsin will do all that is claimed for it, and would caution our readers against the employment of any but the genuine article.

The surgical value of pepsin as a dissolvent is well shown in a note in the Northwestern Lancet. The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.

LISTERINE.—As a deodorant and antiseptic for the sick room and dentist's office, Listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well adapted to the lying-in room. It may be freely used in spray or lotion, without stain or irritation, as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores, or a fungus condition of the gums and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of listerine in water, swallowed, is a particularly grateful and excellent remedy.—*The Sanitarium*, October, 1884.

## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

During the present month a variety of entertainments have been given for the benefit of Baltimore Hospital—chief of these was the Charity ball—the most elaborate and successful affair of the sort ever given in this city. The net proceeds, amounting to about $8000, go to the Womans' Hospital, the physicians in charge of which are Drs. William T. Howard, H. P. C. Wilson, Charles H. Riley, C. O'Donavan, Robert Wilson, and William P. Chunn.

Another very interesting entertainment, by means of which the ladies netted some $1200 for the Presbyterian Eye, Ear, and Throat Charity Hospital, was the Chocolatiere at the Natatorium, on the evening of January 8th. The novelty of this one made it particularly interesting. Something over a hundred pretty girls, all in fancy dress, waited on the supper tables, and twice during the evening gave a waiter drill. The effect was exceedingly pretty. On account of the small size of the hall, however, only a limited number of tickets could be sold, and many people were turned away. It will be repeated on the 27th.

The Bazar held in the same building in December, yielded about $6000 for the benefit of the Nursery and Child's Hospital; so, that while business is said to be very dull, the various charities seem to be doing fairly well.

Dr. H. B. Ames, U.S.N., late of the Greely Relief Expedition, is quite a regular attendant at the clinics of the Eye and Ear Hospital.

It is likely that Dr. Frank West will resign his position as Resident Physician at the University Hospital about March 1st, and Dr. Charles W. Mitchell is spoken of as his probable successor.

The resignation of Dr. James A. Stewart was accepted by the Baltimore Academy of Medicine at its last meeting.

Drs. A. P. Smith, J. E. Michael, S. Theobald, R. Winslow, J. B. Brune, J. S. Latimer, and F. E. Chatard have withdrawn from the Faculty of the Baltimore Polyclinic and Post-Graduate School. Their places will be supplied, and the school will be continued as heretofore.

Dr. Lewis H. Steiner will deliver the annual oration before the Alumni Association of the Maryland University School of Medicine.

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VII. PHLADELPHIA, MARCH, 1885. No. 3.

## CLINICAL LECTURES.

### *ORGANIC STRICTURE OF THE ŒSOPHAGUS.*

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M.D., LL.D.,

Provost and Professor of Clinical Medicine in the University of Pennsylvania.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This patient, J. B., æt. 54 years, drank by mistake, a year ago, a quantity of caustic alkali. This burned his mouth a good deal, and it was at once thrown off. Ever since that time he has had difficulty in swallowing. The food appeared to stop at a certain point in the œsophagus. He has not been able to swallow solid food since the accident, and for the past three months the trouble has been increasing. At times he has been so bad that for forty-eight hours at a time he could not take anything, and then there would be sudden improvement. Bougies have been introduced on several occasions, but, so far, we have been unable to pass the stricture. I shall try again to-day. The obstruction begins at thirteen inches from the teeth. In all probability the caustic caused œsophagitis, and the whole mucous membrane is in a state of thickening and inflammation, and at the lower point there has been ulceration followed by cicatrization and narrowing of the tube. There is a hard stricture about five inches above the cardiac orifice of the stomach. This is so tight that the small bougie which I am using will not pass it.

The attacks, which have been described, are not uncommon in stricture of the œsophagus, and we must not let them throw us off our guard. This temporary increase of the difficulty is due, not to the stricture, but to a condition of irritation. There is excited, perhaps, from the strong efforts at swallowing, such a degree of spasmodic contraction of the walls of the œsophagus that scarcely any liquid will be allowed to remain. When this spasm is allayed, he can take nourishment much better.

Nothing will do this man so much good as the passage of large bulbs down to the stricture, and cautious attempts to pass small bulbs through the stricture. The size of the bulbs will be gradually increased until the upper part of the canal is dilated. These will be used every other day.

In this case there is no question as to the nature of the stricture. Its position is also significant of organic stricture, the result of an injury. Strictures from malignant disease usually occur either higher up or lower down, near the cardiac orifice, and not midway in the tube as in this case. The way in which the patient's health has been preserved in spite of the serious interference with nutrition which this stricture has caused, is another proof that there is nothing malignant about it.

The prognosis is, therefore, on the whole, good. We shall be able, I think, by careful and patient work to overcome this constriction. After the stricture has been dilated, it will be necessary to continue the treatment in order to keep it open. It is just as in the case of stricture of the urethra. Although the stricture may yield gradually to dilatation, there is a marked tendency to recur. The bougie

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must be used at intervals for an indefinite period. The seat of this stricture is, of course, too low to permit of any attempt to nick the stricture, as can sometimes be done when it is located in the upper part of the tube.

*Organic Stricture of the Œsophagus, due to Malignant Disease.*—This man has also a stricture of the œsophagus, but in his case the contraction is not the result of the cicatrization of an ulcer, but there is every reason to apprehend the slow formation of some morbid growth. The progress of the case has been extremely gradual, and our attempts at dilatation have not completely failed, consequently the prognosis is not so bad as regards the early termination of the case as it is in many instances of this disease. I propose to see today what can be accomplished in the way of passing a sound through this stricture, and decide on the line of treatment which we shall pursue during the next three months.

He first noticed difficulty in swallowing one year ago. His parents are both dead. There has been no history of cancer in his family. From his history he is supposed to have had a non-infecting chancre twenty years ago. There were no secondary symptoms. I think that it would be a stretch of the imagination to suppose that this was a case of syphilitic ulceration of the œsophagus terminating in stricture. He states that swallowing was as difficult when he first noticed the trouble as it is at present. Two weeks before this he swallowed a piece of ham which scraped the œsophagus. He, however, continued to take his regular food, although this caused some pain. Two or three weeks later he had to abandon the use of solid food, and confine himself to a liquid diet. The attempt at swallowing would produce hiccough. The difficulty in swallowing remained about the same until he came to the dispensary. His weight at this time was 130 pounds, he having lost forty pounds in four months. Dr. Hughes began the treatment with bougies. At first the smallest size could not be passed. By perseverance the œsophagus was dilated so as to admit the passage of quite a large bulb, and he gained weight on the average of three pounds a week until he reached 147 pounds. He now weighs 125 pounds.

This case presents some unusual features, but not so uncommon as to alter the conclusion which has been reached. The unusual features are, in the first place, the man is rather young to have malignant disease. I may, however, say here, that according to my observation, this part of the digestive canal is attacked with malignant disease at rather an earlier age than other portions. I am also inclined to think that malignant disease of the intestine occurs at an earlier age than malignant disease of the stomach. I will not assert positively that this is so, for statistics of a larger number of cases might show that it was an error. In the second place, there was certainly an unusually rapid development of the obstructive symptoms. The ordinary history of a case of carcinoma of the œsophagus is, that at first it is noticed that the food begins to stick, but the patient continues to eat his ordinary food. Then, after a month or two, meat and hard food must be given up, and the patient lives on oysters, bread, potatoes, and other vegetables. After a time he gives these up, and comes to thick liquids, such as thick soups and cream, and finally nothing but thin liquids can be taken. In the present instance, the symptoms very rapidly reached a considerable degree, and then did not tend to progress beyond that point. This was followed by a considerable loss of flesh. You will notice that this was not due so much to the malignant disease as such, as it was to the impairment of the power of swallowing, for as soon as the stricture was dilated and he could take food more readily, he gained flesh as rapidly as he had lost it, and gained twenty pounds of the forty which he had lost. On one occasion a piece of the growth was removed with the bougie, and examination with the microscope showed it to be a papilloma.

Introducing the bougie, I find that the stricture begins twelve and a half inches from the teeth, and is at least two and a half inches in length. The œsophagus has become very sensitive from the repeated use of the bougie, yet the beneficial effects of the passage of the bougie have been so marked, that I think it worth while to continue its use. There are some cases of stricture of the œsophagus in which dilatation yields very little result. The stricture may be dilated, but in a few days it is as bad as before, and the benefits to swallowing are almost inappreciable.

In this case, the treatment rests between a course of dilatation, repeated daily, and the introduction of a soft œsophageal tube, which is left continuously in the œsophagus, and through which the fluid is poured into the

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stomach. This method of more thorough feeding, which at the same time secures some continuous dilatation of the stricture, is worthy of a trial. In some cases it has been followed by rapid, although, of course, temporary improvement, the duration of which will entirely depend on the nature of the organic disease, and the rate at which it is developing.

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## *ABSTRACT OF A LECTURE ON PSORIASIS,*

DELIVERED AT FRANKLIN HALL, JERSEY CITY, N. J.

BY JOHN V. SHOEMAKER, A.M., M.D.

MR. Chairman and Gentlemen of the Hudson County Medical Society: Permit me to express my thanks for the invitation to speak before your society upon this occasion. I greatly appreciate the opportunity you have thus given a brother practitioner of meeting the members of a society who are so well known by the profession at my home. I have, however, a great hesitation in talking upon a subject that is so familiar to the veteran members of the profession who are present at this time. I observe in the room one gentleman in particular, Professor Alfred Post, one of the oldest and most proficient clinical teachers in the country, before whom I am still more reluctant to speak upon the subject selected for this afternoon's discussion. I hope, however, that you, as well as our distinguished friend, will bear with my short-comings, while I endeavor to briefly describe psoriasis in a clinical manner, from two cases brought from the Philadelphia Hospital for Skin Diseases. The first patient—this young boy fifteen years of age—has, as you will observe, an eruption on the scalp, face, arms, and hands, with a few spots scattered over the body, which appeared about one year ago. The spots have always been dry, never disappeared, but have gradually, during this time, become more marked. The majority of them are about the size of an ordinary pea, being red, slightly elevated, and some of them are covered with dry, white scales. On the scalp, forehead, and dorsal surface of the hands the eruption is more marked; it is also present not only in the form of the patches just alluded to, which have the appearance of drops of mortar, hence called psoriasis gutta, but there may also be seen smaller spots almost the size of a pin's head, which is usually spoken of as psoriasis punctata. The eruption generally appears in the form of the latter, slightly elevated, round, and reddened spots, and increases in size to the former, which are present here in large numbers. The larger, as well as the smaller patches, are separated by intervening healthy skin. The scales have dropped off to a large extent, exposing the dry, reddened spots raised above the level of the skin.

In the next patient—a man of forty-eight years of age, the eruption is seen over the general surface, being termed psoriasis diffusa, or psoriasis universalis, and the symptoms will be found to be even more striking than in the first case. A few patches similar to those in the first patient can be recognized, as well as many others having all sizes and shapes. Here are some on the back and arms, having the appearance of the ordinary coin, psoriasis nummularis, or, circumscribed in form, psoriasis circumscripta; and others, being disk-like, are named psoriasis discoidea. Again, bands of the eruption may be seen on both the chest and back, and are then termed psoriasis gyrata. The eruption began, as the patient points out, by the appearance of these small slightly elevated spots, about the size of a pin's head, covered with dry, white scales, and so spread until the entire body became covered with the disease. The spots on the back and limbs will be seen to be somewhat separated by intervening healthy skin, but the abdomen is one immense patch of deep infiltration. The patches are also well marked on the extensor surfaces and the scalp, which regions are favorite localities for the development of the eruption. The scales have been exfoliated almost from all the patches, leaving the surface red, elevated, and tender. Large quantities of the cast off-scales, the patient states, are usually found in his bed-clothes and under-clothing. A close examination of the scalps of both patients will show that, while the eruption is well marked, yet the hair has not fallen out, but retains its natural lustre and color. In the second case it will be seen that the disease has affected the nails, which do not extend beyond the ends of the fingers; they are also thick, rough, lustreless, brittle, fissured, and smooth in appearance.

The eruption in some cases may continue throughout its course in the form described in

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the first case, or it may spread either gradually or rapidly to certain parts or over the whole surface, as in the present case; it may also remain without change throughout the patient's life, or by treatment the surface may assume its normal appearance without any pigmentation or scarring, to again crop out, even in a more severe form.

It will be noticed in both these cases that the itching which was present at the first appearance of the eruption has now entirely subsided. Itching may be entirely absent, or the disease may be attended with it in its early development and subside with the persistence and extension of the eruption.

While the eruption upon these cases might resemble many other cutaneous diseases, yet it is more likely to be mistaken for eczema squamosum, and syphiloderma. In the former disease the primary lesion is erythematous patches, vesicles or pustules, which are succeeded by moist spots, crusts and scales, the latter not being white or silvery in appearance, and being situated on bright red patches, by preference on the flexor in place of the extensor surfaces, and itching which is usually marked lasts throughout the entire course of the disease. On the other hand in these cases the primary lesions were the masses of epidermic scales, and the scales that can be seen are white or silvery in color, and are situated on dark red patches, located by preference on the extensor surfaces. Further, the symptom of itching, while not slight, was only present when the patches first appeared, and soon subsided. The squamous and papular variety of syphilis of the skin might also be confounded with this eruption, especially in its early stages. The scales in syphilis will be seen to be of a dirty color, and the red spots on which they rest extend beyond them, while in these cases the scales are whitish or silvery in appearance, and in some of these spots still intact they extend beyond the red bases which they cover. The absence in both cases of the preceding evidences of syphilitic fever, and the long chain of symptoms common to it, together with the absence of pigmentary stains, sub-mucous patches, and enlarged lymphatic glands would be additional conclusive evidence against the patients' being afflicted with a syphilitic skin affection.

The pathological changes in psoriasis are well demonstrated in the section that has been made from the second case, which is now placed beneath the field of the microscope and will be passed around for your examination; you will observe from this section that the epidermis is greatly developed, the papillary layer of the derma is somewhat enlarged, being filled with cells, the bloodvessels are dilated, the glands are normal, but the hair follicle is changed, the external root sheath being more red in size, and the connective tissue of the derma is the seat of considerable infiltration. It has been shown that these inflammatory changes, just pointed out, begin primarily in a hyperplasia of the rete, and the external root-sheath, the cutis being involved secondarily.

The cause of the appearance of this disease in these patients can probably be more clearly demonstrated by questioning them and receiving their answers. I will first inquire into the history of the boy.

How long has this eruption been on your body?

About one year.

Have your habits been good?

Yes, sir.

Have you any idea of the cause of this eruption?

No, sir.

Have you always been well?

I have never been sick; but I have some pains at times around the upper part of my body, or in the arms.

How long have you noticed these pains?

Can't remember.

Did they come before the eruption?

I think they did.

Have you ever tried to get relief from the pains you refer to?

No, sir; I concluded they were growing pains.

Point out how and on what part of your body these spots first appeared?

They came first in my scalp, and then on the arms in this way (the patient pointing out the small, red, isolated spots about the elbow and wrist).

I next pass to the second patient. Will you give your age, mention if your habits are good, and if you have ever had any disease; when and upon what part did this eruption first appear, and do you know what could have caused it?

I am forty-eight years of age; I work steady at my trade, a machinist, and have always been healthy except this trouble. This skin

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disease began eighteen years ago, on my shin, and soon covered the whole body. Several doctors have cured me at different times, but it comes back again. I think my rheumatism has caused it.

How do you know it is due to your rheumatism?

I believe you told me.

Did you not say frequently when I questioned you, that you never had rheumatism?

Yes, sir.

From the personal history of these cases you can surmise the cause of the psoriasis; the rheumatism, no doubt, keeps the disease active in both of the patients.

It might be of interest for you to know that the second patient repeatedly denied that he ever had rheumatism, but seeing his joints swollen one day, I inquired if he had been in this condition upon any previous time. "Yes, sir," he answered, "I often take cold in this way, but it soon passes off."

You will therefore see that he did not comprehend, as many patients similarly affected fail to do, what was meant by the word rheumatism.

It will be found upon a close observation of many cases of psoriasis, that either rheumatism or gout is frequently the exciting cause of the disease. The accumulation in the blood of certain excrementitious substances, either from these or other diseases, may develop psoriasis.

The speaker alluded to the views of those who believed the disease was the result of syphilis, and pointed out how different the eruption was from syphilitic skin affections, and that the mercurials and iodides that acted so decidedly upon the latter had little or no effect upon psoriasis. The parasitic nature of the disease, originated by Lang, was mentioned, but the theory was shown not to have been received with much favor as yet.

The aim of the treatment in both cases that have been before us will be to remove, if possible, the rheumatism by the employment of suitable remedies for it.

In case of the boy, the following prescription has been found to lessen the pains: Salicylate of soda one hundred grains, and two ounces each of the sweet spirits of nitre and the infusion of digitalis; one to two teaspoonfuls of this mixture should be taken in water three or four times daily.

The second patient is now taking with advantage the following prescription: Sweet spirits of nitre three ounces, wine of colchicum root one-half ounce, infusion of digitalis two ounces and a half, and aloin five grains; from two to four teaspoonfuls of this combination is taken four times daily. An occasional mercurial or saline purge will also be of advantage in both cases. If the rheumatism and eruption in both instances will not vanish under the internal medication and the employment of the local means, presently to be mentioned, I will then give small doses of arsenic for its nutritive effect upon the system. Arsenic is of no benefit in the acute stage of the eruption, and should only be employed in the later stages, and then it should be pushed until a decided impression is made upon the system. In giving arsenic, I usually employ arsenious acid or sodium arsenite in about one-twentieth of a grain dose three times daily, in preference to the solutions of arsenic which are often improperly prepared, or have become deteriorated by being kept on hand for some length of time. In cases of long standing psoriasis, the arsenic can be made to act more promptly by giving it hypodermically, the sodium arsenite being used in from one-twentieth to one-half a grain, injected once daily.

In treating the majority of cases of psoriasis, the alimentary canal, the kidneys, and the skin should be made active, to remove from the system the elements that are keeping alive the disease. By treating the exciting cause, pouring out the waste products in the manner first named, and by the nutritive action of the arsenic, should it become necessary to administer it, psoriasis can be controlled. There is no specific for psoriasis either in arsenic, the tincture of burdock seed, or chrysarobin, so highly recommended by Napier. The latter has a purgative action, given internally, and will in this way cause the eruption to pale, just as any other purgative would do when administered for some time. In addition to the internal treatment, which is all important, and upon which I always place the most dependence in hoping to permanently affect the disease, is the use of local means. The most important local means to use are baths—the hot air, the vapor, the simple water, and medicated; by their employment the skin is made active, the effete products are forced out, and the system is thus relieved of the elements that conduce to keep up the disease. Finally, the use of either

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chrysarobin or chrysophanic acid, one of the mercurials, tar, carbolic acid, naphthol, and thymol, in the form of a fixed dressing, or by the incorporation of one of them in a fatty substance, and applied to the skin, often acts rapidly in removing the infiltration, but the eruption will again return unless the cause for its existence in the system has been eradicated. I consequently place very little reliance npon these stimulating remedies that act but for the time.

# ORIGINAL COMMUNICATIONS.

## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Dr. Geo. Fribbirs.]

[Continued from last number.]

CASE III.—On December 23, 1880, I was called in consultation by Dr. K. in regard to an acute eruption which had appeared in a young man, æt. 23, and of powerful frame. There had never been a serous discharge from the exanthem, but the constant itching had latterly become so aggravated that, though very large doses of chloral had been given, yet, for the past eight days, the patient had been unable to obtain sleep. I found this usually healthy and formerly anything but nervous patient in a high degree of psychical excitement and already much prostrated. An almost universal erythema covered the entire trunk, neck, arms, and legs; the head, hands, and feet were not affected. Upon this livid red surface there appeared, similar to cutis anserina, hyperæmic, not much elevated, covered with small scales, little papillæ, but which at no place clearly gave indications of eczema papulosum. I was nevertheless inclined to believe I had before me a case of dry papulous eczema, because of its acute and universal appearance and intolerable pruritus; symptoms which, according to the description of Hebra, did not coincide with the beginning of lichen ruber acuminatus. The family physician had up to this time given in small doses sol. Fowleri, and had used externally anti-eczematous remedies, but without success. The dose of arsenic was increased, and the patient wrapped in strips of linen, previously dipped in a mixture of lead-water and alumina; the strips were frequently saturated. This packing acted soothingly upon the pruritus and his condition in general. The redness decreased somewhat, and the use of chloral and morphia enabled him to obtain a few hours sleep at night. By the latter part of December the patient was so far restored that he could leave Hamburg for a short time upon affairs of business. During the interim with the internal use of arsenic the same lotion was applied externally. On January 19 the patient returned to Hamburg. The exanthem had become more circumscribed, and chiefly affected the inner surfaces of the thighs, arms, and abdominal regions. The pruritus was just as intolerable, and his rest at night as much disturbed as before. As up to this time no papillæ had developed into vesicles, I could with absolute certainty pronounce this a case of "lichen ruber." I increased the dose of arsenic, and sought agents for external application to control the pruritus and induce involution of the papillæ.

Tar was used, but, as usual, without obtaining a favorable result. Chrysarobin was next used, but before a result could have been expected, family considerations compelled the patient to leave for Berlin. From January 27, 1881, he was, for nine weeks, intercurrently, under the medical care of my friend Dr. Lassar, of Berlin. The treatment pursued was the hypodermatic injection of arsenic daily, after Köbner; and the injection of pilocarpine in the evening, a favorite method of treatment by Lassar. The pilocarpine gave the patient rest and the much desired sleep so long denied him. On March 20th, four months after the beginning of his disease, the patient, though much improved, but still weak and nervous, again came under my care. The skin had assumed a more normal appearance, though still brown from diffuse pigmentation of the parts which had been most affected; but the inner surfaces of the arms and legs, which had been the favorite seat of the disease, were still very red; the touch would cause itching, and the slightest friction would call forth a red cutis anserina, which would remain for some time; a positive evidence of the imperfect cure of our patient. The injections of arsenic were therefore continued with great perseverance by the patient; until, June 12th, he had received daily injections of from 4 to $\frac{8}{10}$th grs. sol. Fowleri, reduced to half its strength vel. pharm. After various and fruitless experiments as to the least painful solution to use for injection, we eventually determined upon equal parts of sol. Fowleri and aq.

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lauro-cerasi. After a few weeks' trial of increased doses, hypodermatic, a dry pharynx, larynx, and tracheal catarrh warned us to decrease the dose. We therefore repeatedly alternated the dose until the early part of June, when the persistent laryngeal and tracheal catarrh led to its discontinuance, and the more readily so, as since the beginning of June the skin symptoms had disappeared. During treatment there were used in all about 0.4 acidi arseniosi subcutaneously. At no time did conjunctivitis or intestinal catarrh manifest itself. An examination of the patient, June 19th, again during the year 1881, showed that he had made a perfect recovery, but the bronchial and laryngeal catarrh was rather obstinate, and some time elapsed before it yielded to treatment.

October 17, 1882, I was once more called to this patient; one year and a quarter after his recovery. He had been married six months previous to this, and again complained of intense pruritus of the trunk and arms, and was positive in his assertion that the beginning of his present attack was due to his recent attempt to wear woolen undershirts, and upon which followed excessive perspiration of the upper part of the body. I found the characteristic papillæ of "lichen ruber" in full bloom. The patient stated that his former attack had begun in a similar manner. A recurring nervous irritability also foreboded no good. As I had lately attained the best results with my carbol. sublimat. ointment treatment, I permitted the patient to choose between the slowly acting arsenic injections, or the more rapid ointment cure. He decided upon the latter, and was in one week, October 26th, already fully restored. Having been, while confined to bed, thoroughly annointed, twice daily, with ungt. zinci. benz. 500, sublimat. 1, acid. carbol. 20.0. Since then, and for a period of one year and nine months following, the patient has enjoyed the best of health, which I verified by a recent examination; and upon which occasion I found him, with the exception of a chronic bronchial catarrh, the sequence of the arsenic treatment, in excellent health; hence I was justified in concluding that the carbol. sublimat ungt. treatment also offered in this case of recurring type a greater guarantee of cure than the arsenic treatment. Since in the former there was an interval of 1¾ years of absolute freedom from the disease, while by the latter, arsenic cure, there was gained an immunity of 1¼ years, and only after eight months continued treatment. But in a few weeks I was compelled to modify my views. About the middle of July of this year, and during a period of intense heat, the patient again complained of pruritus sensations, and this time the trouble began in the scrotum. A few days later the inner surfaces of the thighs also began to itch again; there was but little to be seen except the vaso-musculo-motor irritability in the form of an erythematous cutis anserina. Again the patient had to make a journey; hence could not resort to the ointment treatment. I gave him an alcholic solution of carbolic acid and sublimate to use as a wash; this checked the pruritus and enabled him to sleep, but only reduced the eruption of "lichen ruber." August 5th, the patient returned to my clinic, at which time I again found that complexity of symptoms so diagnostic of lichen ruber acuminatus. As in the interim arsenic injections had been used, I continued the same, and conjointly my ungt. treatment. I was called away at this time and left the patient in the care of my assistant and his family physician, who continued this double treatment to a successful conclusion at the expiration of four weeks. At present the patient, with a slight tendency to insomnia, due to the recurring "lichen," is well and hearty. This case is instructive in several respects: first, it proves that "lichen ruber," even when a complete cure has been established, may after a short interval recur, not only once, but several times, a fact which Hebra did not admit. Or it might be assumed, as Hebra did in a case of Possner's, viz., that the patient was not fully cured. This assumption, in the foregoing case, I reject absolutely.

The premonitory symptoms of this patient were always associated with a high degree of nervous excitability, which so persistently continued with the varying phases of the disease throughout, and ceased with it, that it would be an unwarrantable assumption to say that the "lichen" had been latent during this interval of one year. There is also a great difference between this case and psoriasis apparently cured and which recurs. Almost as a rule in case of universal, but recently cured psoriasis, you will find upon the hairy scalp or other hidden parts evidences in redness, or desquamating areas of the skin, to which relapses are traceable, lichen acuminatus never confines itself like psoriasis, or lichen planus, to circumscribed areas, but

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upon every opportunity shows in wide diffused areas; hence its existence or non-existence, when under observation for a length of time, cannot pass unrecognized. This case further proves, that no method of treatment is sufficient to protect against relapses. Where there is a tendency to "lichen" you must, soon after the arsenic cure, be prepared for the possibility of a reappearance of the disease. Lastly, this case is an example of the relative unpleasantness of the two chief and recent methods of treatment, viz., Köbner's hypodermatic injection of arsenic, and my ointment treatment. The first required fully eight months, during five of which the arsenic injections were continued without interruption, you can well imagine the painfulness of this process at the time, and frequently later on, and the moral fortitude necessary on the part of the patient to complete his cure. The ointment cure in the first instance accomplished a cure in eight days; and in the recurring and also severer form fourteen days. The only unpleasant feature connected with it was the confinement to bed, which in this case was necessary, but with which we can dispense under some circumstances. As both methods are equally successful, the employment of one or the other must depend upon extraneous circumstances. In such instances I put myself in the patient's place, and consider which I should prefer were I so unfortunate as to acquire lichen acuminatus. For myself I should not hesitate a moment to decide in favor of the ointment treatment in preference to the prolonged torture of arsenic injections; and I believe that the larger number of my colleagues would make, were they concerned, a similar choice. The cases to which I have alluded thus far were those of lichen ruber acuminatus, pure and simple (Hebra).

I shall now take up lichen ruber planus (Wilson) and select such cases as will illustrate my views, based upon clinical experience, that these, though apparently different diseases in external manifestations, yet by certain and well characterized clinical transitions show an etiological connection; a view which Robinson does not share, and whose opposition is based upon anatomical facts. As the first case illustrative of such a transition the following history of a patient will serve. He had an attack of lichen ruber acuminatus which merged into an equally typical case of lichen planus later on.

IV.—Y. R., æt. 44 years, very corpulent, had suffered for some time from a very obstinate laryngitis. March 11, 1881, I was called in consultation by the attending physician in regard to an exanthem which was rapidly spreading over the entire body. I found a small papular, pointed, desquamating "lichen ruber," which had, with exception of the face and hairy scalp and the plantar surfaces of the hands and feet, invaded the entire surface of the body. The anterior part of the body was more thickly studded than the posterior, and this was strikingly evident upon the legs. Pruritus was present in a serious degree, and the patient, who already suffered from protracted laryngitis, had been, within the past eight days, in consequence of sleepless nights, still further depressed. March 14th, I confined the patient to bed and ordered the following to be rubbed on the body night and morning:—

| | | |
|---|---|---|
| ℞. Aq. calc. adipis suillie. | . | āā 100.0 |
| Acid. carbolic. | . . | 10.0 |
| Kaolini. | . . . | 60.0 |

This ointment treatment was continued persistently for fourteen days, and the patient soon obtained the desired rest at night. At the expiration of the first week the pruritus had ceased; and when, on March 28th, the patient left the bed, all the papillæ had, with exception of a few faint traces, entirely disappeared. The inunctions were now reduced to one application daily, and this at bed-time, and a bath in the morning; the body thoroughly lathered with carbolic acid soap, then wiped dry. He took for four weeks Asiatic pills. This modified treatment was continued, uninterruptedly, for two months. The entire body was now free from lichen papillæ; but in the flexures of the knee-joints, front of tibia, chest, and back, there had now appeared, and closely appeared by me, about twelve shining, red, flat lichen maculæ varying in size from a small cherry to a dollar. These had most probably, by a slow progressive evolution of the lichen papillæ, developed upon the surface. The treatment employed during April was pyrogallic acid in the form of vaseline ungt. and muslin ointment, but without much success. In May, under the use of carbolic acid and lead muslin ointment, the last vestige of them disappeared. About the close of April the Asiatic pills were suspended and Boeck's remedy substituted, as follows:—

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℞. Kalii chlorici . . . 30.0.
Sacchari albi. . . . 50.0.

M. Sig.—One-quarter hour after each meal one teaspoonful, and one-quarter hour later twenty drops of acid sulphuric, dil., in a tumblerful of sugar water.

The middle of June, three months after treatment was first begun, the patient again presented himself to me, and I found him fully cured and in excellent health. Arsenic was not again resorted to; and after one and one-quarter years, in August, 1882, I again saw the patient and an examination of him convinced me of his perfect health. This case teaches that, by the external and persistent use of carbolic acid in lichen acuminatus much can be accomplished towards a cure, though perhaps, it may not establish it. Again, it shows the typical features of lichen acuminatus and planus in simple, timely continuity. Of most interest to us is the development of planus maculæ. According to the teaching of the English and French authors, and which, judging from our text-books, the Germans follow, these maculæ are to be regarded as secondary plaques evolved from large groups of small non-desquamating, flat, lichen papillæ. Now, in regard to the case just cited, as well as many others, I would state most emphatically that these red maculæ appeared *d'emblee*, as the French would say, upon parts almost fully cured of lichen acuminatus; that at first they were indistinct, and grew progressively in color, form, and size very distinct and prominent. At no time, were these well-separated groups of flat papillæ to be found in these planus efflorescences. Am I not justified in designating the latter a lichen planus? certainly so, they were plainly characteristic of the lichen plaques as described by English and French authors. They are red, but slightly elevated, in the centre depressed, covered with small squama; or at times smooth, wax-like, shining efflorescences which appear in association with lichen acuminatus papillæ.

[To be continued.]

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M. MONIN (Union Méd.) recommends the following solution to be applied to the soft palate and back of the pharynx for the relief of the irritative cough due to the elongation of the vulva: Hydrochlorate of morphine, 4 grains; bromide of potassium, 1 drachm; tincture of coca, 2 drachms; glycerin, 1½ ounce.

## *MIDWIFERY EXPERIENCES.*

### No. I.

### CÆSAREAN SECTION: A CASE AND ITS LESSON.

BY THOMAS M. DOLAN, M.D.,
Fellow Obstetrical Society, London; Fellow Medical Society, London (Fothergillian Medalist); Boylston Prize Essayist, Harvard, U. S.

DR. ROBERT P. HARRIS,* Philadelphia, has furnished English readers with not only a statistical record of the published cases of Cæsarean section performed in Great Britain from 1868 to 1879—a continuation of those of Dr. Radford (Manchester)—but has also carefully digested his statistics, so that obstetricians are saved the labor of searching for the interpretations which the figures represent, or which may be put on them.

It may interest my Philadelphia *confrères* to read the notes of a recent case, in which this operation was performed on one of my patients, and, though it was unsuccessful, yet some lessons may be derived from it, so as to guide us in our efforts to place this much dreaded operation on a true scientific basis, or to discard it, or rather complete it by the addition in all cases of utero-ovarian amputation.

Dr. Harris brings down his recorded cases to the year 1878, making up to that date a total number, with Dr. Radford, of 118, and he tells us that of the whole 118 there were 22 who recovered, who were operated upon as follows: Early, 1; within twenty-four hours, 5; on the second day, 3; on the third day, 5; in four days, 1; in five days, 1; in six days, 1; in twelve days, 1; labor not commenced in 2, and time not stated, 2.

He started with the preconceived opinion that in Great Britain the Cæsarean operation was not soon enough performed, but he startles us by his evidence, that all the promptly performed operations saved but 20 per cent., whilst those of the last twenty years, without reference to time in labor, saved 24 per cent. May we ascribe this to increased skill and to the application of Listerism? Dr. Radford has proved that the published cases do not represent the total number of Cæsarean sections performed in Great Britain, many cases not being reported, and especially silence being preserved over unsuccessful ones. I supplement Dr. Harris's table with some cases I find recorded in English journals from 1878 to 1884.

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* British Medical Journal, Vol. I, 1880, page 508.

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## *Dr. Harris's Tables of Cases of Cæsarean Section in the United Kingdom, a Continuation of Dr. Radford's.*

| No. | YEAR | LOCALITY | OPERATOR | HOSPITAL | CAUSE OF DIFFICULTY | AGE | HEIGHT | DIAM. | TIME IN LABOR | UTERINE SUTURES | RESULT TO WOMAN | RESULT TO CHILD | CAUSE OF DEATH IN WOMAN | LIVED AFTER OPERATION | REFERENCE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 99 | 1869 | London. | Dr. B. Hicks. | ..... | Pelvic tumors right side of cervix. | 40 | ..... | ..... | Labor slow & long, pulse 100, unfavorable. | Two wire sutures through uterus and abdomen. | Died. | Lived 9 months | Peritonitis. | 3¼ days. | Trans. Obstet., Soc'ty, London 1870, p. 99 |
| 100 | 1869 | Alvechurch Worcestershire. | Mr. John S. Gaunt. | ..... | Malacosteon. | 38 | ..... | 1¼ in. | Two days or a little less. | ..... | Lived. | Lived. | ..... | ..... | Br. Med. Jour., Aug. 28, 1869, p. 240. |
| 101 | 1869 | Glasgow. | Dr. A. Neilson. | ..... | Deformed pelvis. | 33 | ..... | 1½ in. | Three or four hours with petrous pains. | Twelve carbolized catgut sutures. | Died. | Alive. | Presumed embolism of heart. | 14 hours. | Lancet, March, 1870, p. 336. |
| 102 | 1870 | Ellesme. | Dr. John S. Roe. | Union Workhouse | Malacosteon. | 35 | ..... | ..... | Three days at intervals. | ..... | Died. | Lived. | ..... | 4 dys., 9 hrs. | Lancet, July 30, 1870, p. 149. |
| 103 | 1870 | London. | Dr. Ed. Head. | London. | Malacosteon. | 35 | 4 ft. 6 in. | | Not stated. | One of silk. | Died. | Lived 4 hours. | ..... | 15½ hours. | West. Med. Jour., April 28, 1870, p. 409. |
| 104 | 1871 | Wolverhampton. | Mr. H. Gibbons. | Wolv. Lying-in. | Rachitic pelvis. | 22 | 3 ft. 10 in. | 1¾ in. | A few hours, 5 to 7. | ..... | Died. | Lived 9 days. | Vomiting and exhaustion. | 40 hours. | Trans. Obstet. Soc'ty, London, 1876, p. 378. |
| 105 | 1871 | Kintore, Scotland. | Dr. A. Inglis. | ..... | Rachitic pelvis. | .... | 3 ft. 6 in. | 2⅛ in. | Over 40 hours. | ..... | Died. | Dead in few moments. | Shock and exhaustion. | Not a day. | Edin. Med. Jour., Oct. 1871. |
| 106 | 1871 | Romford. | Dr. H. F. Davey. | ..... | Rachitic pelvis. | 30 | 3 ft. 8 in. | 1¼ in. | 23 hours, exhaust'd, pulse 27 an hr. after w'ds, well in 15 days. | Eight of silver wire | Lived. | Not stated. | ..... | ..... | Lancet, June 8, 1878, p. 826. |
| 107 | 1872 | Leeds. | Dr. P. Foster. | ..... | Rachitic pelvis. | 22 | ..... | 1 to 2 in. | Slight pain 2 days, with escape of liq. amnii. | operation in a sitting posture. | Lived. | Dead. | ..... | ..... | Lancet, June 1, 1872, p, 753. |
| 108 | 1872 | Durham County. | Dr. Yarrow. | Workhouse | Rachitic pelvis. | 34 | 4 ft. 2 in. | 1¼ in. | Over 24 hours. | ..... | Died. | Lived. | Probably septicæmia. | 4 days, 12 hours. | Lancet, Oct. 12, 1872, p. 523. |
| 109 | 1873 | Wisbed. | Dr. T. C. Nicholl. | ..... | Cancerous tumors filling pelvis. | 30 | ..... | 1 in. | 26 hours. | Two uterine sutures | Died. | Dead. | Exhaustion, no peritonitis. | 41 hours. | Lancet, June 7, 1873, p. 802. |
| 110 | 1874 | London. | Dr. A. Meadows. | St. Mary's. | Rachitic pelvis. | 21 | 4 ft. 1 in. | 1⅝ in. | Not stated. | Four catgut, parts all became united. | Died. | Lived 7¼ mos. | Shock, reopening of the uterine wound. | 32 hours. | Br. Med. Jour., Jan. 24, 1874, p. 106. |
| 111 | 1875 | London. | Dr. C. H. Routh. | ..... | Rachitic pelvis. | 29 | ..... | 1¾ in. | All night, next day until 4 P. M. | Carbolized catgut. | Died. | ..... | Septicæmia, heart-clot. | 62½ hours. | Trans. Obstet. Soc'ty, London, 1876, p. 240. |
| 112 | 1875 | London. | Dr. W. C. Grigg. | Queen's Charity Lying-in. | Rachitic pelvis. | 38 | 3 ft. 6½ in. | 1⅝ in. | 6½ hours, pulse 130. | One continuous silk suture. | Died. | Lived. | Slight peritonitis, vomiting. | 27 hours. | Br. Med. Jour., May 8, 1875, p. 609. |
| 113 | 1875 | Bury Lancashire | Mr. J. Parks. | ..... | Rachitic pelvis. | 32 | ..... | ..... | Early. | Four of silver wire. | Lived. | Dead. | ..... | ..... | Lancet, Feb. 12, 1876. |
| 114 | 1876 | London. | Dr. Galabin. | Guy's. | Obstruction or induration of vagina. | 41 | ..... | ..... | 6 days, pulse 150, fœtus putrid. | ..... | Died. | Dead. | Shock. | Died on table. | Trans. Obstet. Soc'ty, London, 1877, p. 252. |
| 115 | 1876 | London. | Dr. J. Edmunds. | London Imperial. | Exostosis of ischium. | 28 | ..... | ..... | 60 hours, good circumstances. | ..... | Lived. | Lived. | ..... | ..... | Lancet. Dec. 9, 1876, p. 818. |
| 116 | 1877 | London. | Mr. H. Morris. | Middlesex. | Malacosteon. | 40 | ..... | 1⅝ in. | 32 hours. | Five catgut. | Died. | Dead, craniotomy. | Peritonitis and exhaustion. | 60 hours. | Lancet, April 6, 1878, p. 488. |
| 117 | 1877 | Barlow Derbyshire. | Mr. E. Wrench. | ..... | Rachitic pelvis. | 28 | 4 ft. 3¾ in. | Infantile. | 35 hours. | ..... | Lived. | Lived. | ..... | ..... | Lancet, July 6, 1878, p. 4. |
| 118 | 1878 | London | Dr. B. Hicks. | Guy's. | Cancer of vagina. | .... | ..... | ..... | Labor brought on in 8th month, 11th pregnancy. | ..... | Died. | ..... | ..... | 24 hours. | Trans. Obstet. Soc'ty, London, 1879, p. 106. |

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*Supplement to Dr. Harris's Table.*

| No. | Year | Locality | Operator. | Hospital | Cause of Difficulty. | Age | Height | Long. Diag. | Time in Labor | Uterine Sutures | Result to Women | Result to Child | Cause of Death in Women | Liver after Operation | References |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 119 | 1881 | Barnet | Dr. Pengal. | Workhouse Infirmary. | Pelvic Deformity | 20 | ..... | An. Pos. 2¼ | 26 hours. | Wire sutures 2½ inches. | Dead. | Dead. | Peritonitis. | 39 hours. | Br. Med. Jour., Jan. 21, 1882, p. 79. |
| 120 | 1881 | Stafford. | Dr. Walter. | North Staff Infirmary. | ..... | 28 | 3 ft. 6 in. | ..... | 30 hours. | Carbolised Catgut. | Lived. | Lived. | ..... | ..... | Br. Med. Jour., Vol. I. Jan. 8, 1881, p. 46. |
| 121 | 1881 | London. | Dr. Galton. | Soho Hospital. | Cancer. | 34 | ..... | ..... | 17 hours. | No sutures in the uterine walls, silver wires in abdominal walls. | Dead. | Fœtus Dead. | Peritonitis. | 27 hours. | Lancet, 1881. |
| 122 | 1882 | London. | Dr. Eddis & Mr. Marris | Middlesex | Epithelioma. | 29 | ..... | ..... | 30 hours. | Fishgut sutures. | Lived. | Lived. | ..... | ..... | Obst. Trans., 1883, p. 304. |
| 123 | 1883 | Newmark't | Mr. Gray. | ..... | Deformed Pelvis. | 41 | 4 feet. | ..... | Some hours. | Wire Sutures. | Lived. | Dead. | ..... | ..... | Br. Med. Jour., Vol. II., Oct. 13, 1883, p. 737. |
| 124 | 1884 | Halifax, England. | Dr. Dolan. | Union Infirmaries | Deformed Pelvis. | 26 | 3 ft. 11 in. | 1¼ An. Pos. | 8 hours. | Carbolised catgut, silver wires in abdominal walls. | Dead. | Lived. | Peritonitis. | 54 hours. | |

On Tuesday, December 30, 1884, I was summoned by my midwifery nurse to the Halifax Union Maternity to see Agnes Maud Perks, who was reported to be in labor. I saw her at 9.30 A.M. She was in labor; pains were weak and occasional, and had been on a few hours. On examination, I found that the promontory in the sacrum was not only prominent, but exostosed, and so far approached the pubis that it barely allowed the tips of two fingers to pass to feel the presentation, and that the pelvis was generally contracted.

I anticipated some trouble with this patient, as she had been in the home a few weeks; she was dwarfed, measuring three feet eleven inches. I immediately had a consultation with Mr. H. Wright and Dr. Davy, and we decided, after several examinations and measurements that it would be impossible in any way to deliver *per vias naturales* and that the only chance lay in Cæsarean section.

A room in another part of my infirmary was at once prepared, and the temperature raised to the desired heat. This, of course, took a little time, and it was not until 2.30 P.M. that the patient was transferred to this room. She was cheerful, not weakened, and in every way seemed to be a favorable case.

In these days of antiseptic precautions it is needless to say that the spray was employed, and that every attention was paid to the avoidance of anything that could give rise to sepsis.

Ether was administered by Dr. Davy, and the operation performed by myself and Mr. Wright.

A central incision was made, beginning just below the umbilicus and carried down, a little to one side of the linea alba, to an inch above the pubis. As the abdomen was thin the uterus was soon reached and incised without any trouble, the intestines not interfering. But little difficulty was experienced in extracting a male child, which was alive, and comparatively little blood was lost. The placenta was taken away at once, all the parts well washed and cleansed, a drainage-tube was inserted, the uterine wound was brought together with interrupted carbolised catgut ligatures, and after the usual details the external wound was closed with silver sutures, and dressed with iodoform and salicylic silk, kept in position by a strong, firm binder. She was soon removed to bed and made comfortable, and very soon recovered from the effects of the ether. The whole ope-

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ration occupied about twenty minutes. Two nurses were told off to look especially after her, one for the night and one for the day. An opiate suppository was inserted, catheter used, and ice only given. She passed the first night well. The uterine passages were well syringed through a tube. The following are the temperatures:—

100, 8 P.M.; 95.2, 9.30 P.M.; 98.4, 12 P.M.; 99, 3 A.M.; 98, 5 A.M.; 99, 8 A.M.

She was seen repeatedly on the 31st. As she craved very much for something to drink, *a little milk was allowed.* Pain was very slight. She had urinated, and was in very good spirits up to about 8 P.M., when she commenced to feel sick, this was followed by vomiting. The suppositories were continued, and beef injections of peptonized beef jelly (Mahersbed's) were given. About midnight she complained of great pain; this seemed to be relieved by the opiate suppositories. At 4 A.M. there was a great change. A sudden state, almost of collapse, set in. This was overcome by hot bottles to the feet. The tube had come away during the day, and the passages were syringed in the ordinary way. The discharge was not offensive. The following are the temperatures December 31st:—

100, 10 A.M.; 100, 12 A.M.; 99, 2 P.M.; 105, 5 P.M.; 102, 6 P.M.; 100, 8 P.M.; 101, 10.30 P.M.

January 1st. The wound was examined; it looked well, but there was a slight discharge at the lower portion. The dressings were changed every three hours. She was still kept under opium, and beef suppositories were introduced into the rectum. She gradually sank during the day, dying at 8.30 P.M. The following are the temperatures:—

January 1st, 102.4, 1.30 A.M.; 103.6, 6 A.M.; 102.2, 12 midday; 100, 7 P.M.; 102.2, 4.10 A.M.; 101.3, 8 A.M.; 105.5, 5 P.M.

*Post-mortem.*—1 P.M., January 2d, seventeen hours after death.

External appearances: Body well nourished. She was not externally deformed, the dwarfed condition being chiefly noticeable in the lower extremities; spine perfectly straight. Her length was forty-seven inches, thus distributed: lower extremities nineteen inches, trunk nineteen inches, head and neck nine inches. The upper extremities measured twenty-one inches, ten, and eleven inches respectively. The pelvic measurement, from anterior-superior spine of one ilium to another was eight and a half inches. The wound in abdominal walls was in excellent process of healing. I made an incision on each side, so as to reflect back the abdominal coverings without touching the central wound, so that we might observe the exact condition of the uterus. The cause of death was at once apparent, a large clot of blood lay free in the abdomen, which had been forced through the uterine wound owing to the vomiting. The peritoneal inflammation was slight, there was no sign of pus; no offensive smell.

The next thing was to ascertain the measurement of the pelvis, which I found to be as I had already made out—one inch and a quarter antero-posteriorly, with general contraction. The bones being generally thickened.

I. There are some lessons to be derived from this case. So far as antiseptic precautions were concerned it had been successful, and had it not been for the vomiting a fatal termination might not have occurred.

[Concluded in April number.]

## *FOREIGN BODY IN THE INTERIOR OF THE LEFT EYE.*

### SYMPATHETIC OPHTHALMIA OF ITS FELLOW. FULL RECOVERY AFTER THE REMOVAL OF THE FOREIGN BODY.

BY M. LANDESBERG, M.D.

MR. M., a cabinet maker, æt. 49, was struck, September 9, 1878, in the left eye by a piece of metal while leaning over a fellow-laborer, who was hammering a rod of steel. The sharp, cutting pain, which followed the injury, rapidly calmed down on ice-cold applications, and the subsequent restive symptoms passed away in a few days without any medical help. Vision, however, remained impaired and went from bad to worse in the next months. An oculist, whom the patient consulted in May, 1879, pronounced the case to be one of cataract, for which he proposed operation. The eye did well until June, 1881, when it suffered from a severe attack of inflammation, which, but receded to return in September, 1882. The first symptoms of mischief in the right eye were manifested in the middle of October, 1882, when periodical obscurations and photopsies began to develop in the visual field.

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Near work, especially reading, became troublesome and was frequently followed by sick-headaches, to which the patient had never been subject before. The first appearance of inflammatory symptoms occurred November 3d. Vision became misty. November 13th, I ascertained the following condition:—

*Right Eye.*—Eye-ball slightly injected and sensitive to pressure. Ciliary vessels hyperæmic, Descemet's membrane studded over with minute exudations. Aqueous fluid clear, iris vascular, infiltrated, of greenish color, and, trembling with the motions of the globe. Pupil olive-shaped, of very dull reaction. Intra-ocular pressure pathologically increased. Vision, $\frac{1}{20}$, with concave 45 $\frac{1}{18}$. Visual field limited in its upper quadrant. Examination causes marked irritation of the eye and spasmodical contraction of the lids. On repeated instillations of duboisia, pupil dilates but very slowly, and not above the medium. There are no posterior sequechiæ. Vitreous contains a few filiform opacities. Optic disk is hyperæmic, slightly swollen, and infiltrated. The outlines are somewhat veiled and indistinct. The retina is covered by a delicate, diffuse opacity, and shows a few striated streaks near the pupillary border, a large, irregular-shaped exudation near the macula lutea, and some choroidal atrophies and pigment-maceration in the equatorial parts. Veins are highly engorged and tortuous.

*Left Eye.*—Eyeball slightly congested and sensitive to the slightest touch. Cornea surrounded by a broad zone of pinkish-vessels, presents in its inner lower quadrant a linear scar, which runs diagonally from the corneal border to the pupillary plane, and is attached in its whole length to the iris by a thick, dense band of connective tissue. The lower half of the iris is flat and fastened to the anterior capsule of the opaque lens. The whole tissue of iris is infiltrated and swollen. Pupil is irregular, drawn to the scar, and dilates on duboisia only in its upper half. Intra-ocular pressure is increased. Quantitative perception of light is fair, although the visual field shows a slight dulness in its outer parts.

In order to remove the adhesion between the cornea and the iris, which by itself might possibly have been the cause of the whole trouble, I proceeded in the following manner. I made an incision on the sclera-corneal border, along the quadrant, which contained the scar, introduced with the right hand into the anterior chamber a pair of iris forceps, and secured between its blades the band of connective tissue; with the other hand I introduced a sharp hook, pushed it around the upper edge of the adhesion, and by gentle pressure loosened the latter from the cornea, taking care to protect the iris, by means of the iris forceps, against too much stretching. Finally, I drew forth the piece of iris, which I had secured by the iris-forceps, and cut it off. Considerable hemorrhage into the anterior chamber and loss of vitreous occurred during the operation, and the lens dislocated upwards and inwards. In the excised pieces of iris I found imbedded, in chalky concrements, a flat, pointed, rusty piece of steel, of 2 mm. in breadth, and of 4 mm. in length.

Operation was followed by intense exacerbation of the inflammatory symptoms, which, however, rapidly subsided on atropia and hot poultices. The final result was most satisfactory. The artificial pupil remained intact.

The favorable influence of the operation upon the right eye was already manifested on the next day. Ciliary injection had almost totally vanished. The intra-ocular pressure was normal, and the ciliary region hardly sensitive to pressure. On appropriate treatment recovery progressed very rapidly, and normal condition was restored on the fifth week after the operation. Vision became $\frac{1}{10}$, and the finest print could easily be read. The exudation near the macula lutea disappeared totally, leaving a small, dirty-yellowish spot, bordered by pigmentary deposits.

In the first days of January, 1883, I performed, on the left eye, extraction of cataract in its capsule, which restored vision to counting fingers at 9′ distance. Vitreous contained large opacities; the background of the eye presented the picture of chorido-retinitis absoluta, with large pigmentary deposits on the retina.

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## *PICRIC ACID AS A TEST FOR ALBUMEN.*

BY A. P. BROWN, PH.G., CAMDEN, N. J.

AMONG the number of good tests for albumen that have been introduced within the past ten years perhaps the most practically useful of these is picric acid. I have found it to be the most delicate test that can be used to detect

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small quantities of albumen in urine. I can detect albumen where heat and nitric acid fail to show it, on account of it being present in such minute quantities. When a saturated solution of picric acid in water is added to urine containing albumen, a cloudiness is produced which varies according to the amount of albumen present. The past year I have had considerable experience with this article, and have relied upon it as my most accurate test, and I wish to call the attention of medical men and pharmacists to a few points connected with this test, which I have discovered, and the best mode of using it. I use the test solution of picric acid now officinal in the Pharmacopœia. The urine should be perfectly clear, if not so it should be filtered. About two fluid drachms of the urine to be tested, is placed in a test tube, and the solution of picric acid dropped in, a few drops at a time, in order to see how small a quantity can be added to produce a cloudiness; the two liquids on mixing, will, if albumen be present produce a cloudiness, which, if faint, should be held against a dark background; of course the greater the amount of albumen, the greater the precipitate. Now there are two other things that will produce a precipitate, with picric acid, namely: Quinia, and other alkaloids, and urea. If the patient has been taking quinine, or any other alkaloid, it can be detected in the urine with picric acid, and if the specific gravity of the urine is high from an excess of urea, picric acid will also cause a precipitate, both of which might be mistaken for albumen, and to these points I wish to call your attention. It was a long time before I was able to distinguish these precipitates. I accidentally discovered that if nitric acid was added to the urine containing such a precipitate, the result is as follows:—

After adding the solution of picric acid to urine, and a cloudiness is produced, and you are uncertain whether it is caused by albumen, alkaloids, or urea, in order to satisfy yourself add a few drops of nitric acid to the urine, if it is urea, or an alkaloid, it is instantly cleared up, but if it is albumen, instead of its clearing up the precipitate becomes more dense.

You can then rest assured that the cloudiness is caused by albumen being present in the urine. I have not seen these facts mentioned anywhere, and I think they should be made known to medical men, and with this view I have written this paper, hoping it will add to the stock of knowledge already obtained. Of course these tests might fail in some hands, but no one is successful if they are careless. Everything that is worth doing at all is worth doing well. Apply your tests carefully, watch the result, do not be satisfied with applying the test once, but make several experiments and you will be repaid for your trouble, and success will follow.

# SOCIETY PROCEEDINGS.

## *CAMDEN COUNTY MEDICAL SOCIETY.*

### A GERM OF ASIATIC CHOLERA IN NEW JERSEY.

BY JOHN STEVENSON, M.D.

THE weight of testimony concerning Asiatic cholera accumulated by the medical profession points to the delta of the Ganges, in southern Asia, as the seat of this scourge. The researches of modern scholars into East Indian history and literature, show that a disease similar to it has been indigenous in Hindoostan from very ancient times, although no authentic record is found of its having left its native place to invade distant countries, prior to 1817. Since that time it has made three journeys around the world, reaching the United States in 1832, 1849, and 1866; and now, after another interval of a little over seventeen years, it is again on its march westward.

It is within the bounds of truth to say, that at the present time the majority of physicians who have studied the history of cholera, or who have had experience in treating it, are impressed with the belief that the cause of it is a specific poison,—an organism endowed with vitality, which, when taken into the stomach and bowels, produces the purging, the vomiting, the cramps, and other symptoms characteristic of this malady. Therefore, in the light of this theory, an outline of its general history, and a special examination of the features of its former visits to New Jersey, may be of some interest.

Cholera is a native of a hot country, and in other climates flourishes most in hot weather. Although not wholly proven, there is strong reason to believe that a temperature below the freezing point kills it. During the winter of 1848 and 1849, it prevailed in England, but

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there, this season is comparatively mild. It ravaged certain places in Russia during winter, but from the description of the dress, habits, and personal filthiness of the Russian peasants, and of the hovels wherein they dwell, there is reason to believe that they are quite capable of maintaining a summer temperature in both during the coldest weather. It has never prevailed in the northern part of the United States in winter. In 1848, in New York, there were cases on Ward's Island as late as December 20th, but the character of the disease was disputed. In New Jersey there are none recorded later than the twenty-third of November. In all the epidemics of it that have visited this section of our country, the period from December to May has always been free from it. The epidemic of 1832 broke out in Montreal and New York in June. That of 1848, in New York in June, and the one in 1866 in May. In New Jersey, the earliest recorded case was on the twentieth of May, 1854, a patient of the late Dr. O. H. Taylor, of Camden, whose experience in that disease was sufficient to confirm the accuracy of his diagnosis. The probable reason why the spring is exempt more than the late autumn is, that in the former, the out-door temperature may be warm, while the cellars and cess-pools may be cold. In the latter there may be frost or even ice on the surface, but the earth has not yielded up its heat, and cellars and wells are warm.

Cholera is a migratory disease. All writers upon the subject have noticed this fact. In the great epidemics that have encircled the world, it started from India, and travelling westward followed the lines of traffic and travel from Asia into Europe, and from the latter to America. First its path was along the sea-coast and waterways, but since the building of railroads, it has deviated to follow them. This movement does not seem to have been produced by any intrinsic power of its poison to migrate, but rather to be due to the unusual movements of large bodies of men, with their baggage and merchandise. The present advancing epidemic was preceded, in 1883, by the war in Egypt, causing the transportation of large numbers of troops and stores between India and that country, and in 1884 by the French and Chinese war, with the transports, bringing cholera to Toulon and Marseilles. The three invasions of the United States, before mentioned, were preceded by extensive epidemics of the disease in Europe, from whose infected districts large numbers of emigrants were pouring into this country. In seventy years it has made short incursions from its place of nativity to many countries; sometimes it spreads over various portions of India, sometimes eastward to Tonquin and China, and again to Persia and the north. Between 1849 and 1854, it was scattered at different points in Asia, and Europe, and in 1853 and 1854 it again crossed to the United States, visiting various places, and among others the city of Camden, in which it was very fatal. In 1873 it prevailed in Austria, and afterwards in a few places in our Mississippi Valley. A careful comparison of its movements in modern times leads us to the conclusion that the poison of cholera is dangerous and fatal in proportion to its volume, as well as to the varying intensity of its power.

What is the cause of cholera, and how is it transmitted, are two momentous questions about a disease, which at all times and in all places has an average mortality of fifty per cent. Sometimes it has been less, but at others its mortality has been fearful. In the West Indies it has destroyed whole families, and almost depopulated settlements. In Camden, in 1866, with the utmost vigilance on the part of physicians and authorities, there were thirty deaths in a total of thirty-nine cases.

As early as 1848, Dr. Snow, of England, advanced the theory that cholera was caused by a specific poison acting on the stomach and alimentary canal, and causing the peculiar features of this disease. Subsequently, in Germany, Petenkofer and Delbuck declared that they had discovered the virus in the discharges from the bowels of those sick with it.

Within the past year, the distinguished German investigator, Dr. Koch, has made extensive researches, and believes that he has found its origin to be a microscopic germ, which he describes as a comma-like bacillus. Whether this be true or untrue, a careful examination of the clinical cases described by the many authorities upon the subject show a striking resemblance between the mode of action of cholera and that of many forms of life in the vegetable kingdom and in the lower animal world.

Like spores, seeds, and ova, cholera never moves to a distance any faster than it can be conveyed by travel or transportation. All ob-

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servers of it in Asia and Europe agree upon this, and in its conveyance across the ocean to America, no one denies that it was carried in ships. It has entered into the United States by the great shipping ports of New York and New Orleans, and from thence has spread to other places. The disease has always been introduced into New Jersey, primarily from New York, and has followed the railroad route across the State from the latter place to Philadelphia. On May 11, 1849, the first case occurred in New York. In Newark, N. J., there was a death from pronounced cholera on the thirty-first, but the reporter states that towards the end of that month there were several cases sudden and severe diarrhœa with great prostration. A person was seized with it in Patterson on the thirtieth of May, while in Camden no case was noted until the middle of June, the exact date not being given. The victim, who died, lived in one of a cluster of small, filthy frame tenement houses, bounded on two of its sides by the Camden and Amboy (now Pennsylvania) Railroad depot and freight yard; and what is worthy of notice is, that in the two subsequent epidemics of 1854 and 1866 the disease first appeared in exactly the same spot. In the latter year cholera commenced in New York on May 1st, by a single case, followed in a few days by two others, and then there were no more until the fourth of June. Early in the latter month it appeared in Hudson City and Elizabethport, N. J. It was in Newark on the nineteenth, and in Camden on the twenty-fifth of June.

There are good grounds for the belief that the morbific matter of cholera is contained in the dejections of those sick with it, and many consider that by these means only is it conveyed from person to person, or place to place. There is a vast array of proof, that, as a general rule, it is not communicated from body to body by the touch, or by handling of its patients. According to the report of the French Government, in 1832, there were in that year in Paris 55,000 cases and 18,000 deaths, while out of 2000 nurses employed in the civil hospitals, only 164 were attacked with it. In London, in 1866, the cholera hospitals employed one hundred attendants, and but five had the disease. In the same year, there were 800 inmates on Blackwell's Island, New York, among whom there were 124 cases, yet not one of the fourteen attending physicians contracted it. The sanitary condition of Camden, in 1866, was supervised by a committee of the Medical Society, who virtually wielded the authority placed by law in a city council committee, to compel prompt reports of all suspicious sickness to the office of its clerk. Every case was carefully investigated by this committee. Of the thirty-nine, before mentioned as occurring in this city during that year, twenty-seven of them were isolated ones, scattered in different and widely separated sections at varying periods from June to November, yet in not one of these instances did any member of the family, nurse, or visitor contract the disease. The discharges of the sick and their habitations were carefully disinfected, while clothing was either disinfected or destroyed. One of this number was a new arrival, in a boarding-house at Cooper's Point, where he lingered for two days sick with cholera, among thirty-five other boarders, who were seamen, mechanics, and laborers. Although this was in the latter part of August, not another case was afterwards found in that house or its vicinity.

Some observers are of the opinion that the germ contained in the alvine discharges does not directly communicate cholera, but suppose that it must find a proper nidus in which it undergoes a change of condition—very like that which takes place in some of the insectivora—when by rapid multiplication it forms a focus in which any one is liable to contract cholera. Be this as it may, there is an almost universal consent that heat, moisture, and filth, with its emanations, are requisite to reproduce the disease. The first of these has already been dwelt upon. We know that moisture increases the number of cases and aggravates their symptoms during the prevalence of an epidemic. Without referring to the numerous foreign authorities upon this point, it will suffice to quote illustrations at home. The reports of the standing committee of the New Jersey State Medical Society, with its correspondence from county reporters, gives each year a panoramic view of the health of the State. Unfortunately those for 1832 were never printed and are extremely meagre, but those for 1849 are quite full and replete with information from all sections that suffered from the prevailing disease. They especially refer to the unfavorable effects a damp atmosphere exercised upon it. In 1854,

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the summary of the committee on the subject of cholera, states that humidity is believed to invite it, and that their observations confirm the fact, that the inhabitants of low, damp places, and dwellers by the side of water-courses, or bodies of water are more liable to attack than those living elsewhere, and special instances are given in proof of it. So firmly had this belief become impressed upon the physicians of this State, that the report of the committee for 1866 gives as one of its conclusions, that "a damp atmosphere associated with a high temperature intensifies the disease," and it names a number of localities, where observations of relative humidity had been taken during the epidemic, and where a saturated atmosphere was noticed to have been accompanied by an outbreak, or an increase of cholera.

There is an exception to this in Jersey City, which lies on a flat plain, with an extensive water front covered with railroad depots, and lined with foreign shipping. This city has always been singularly exempt from cholera, there being but three cases in it in 1866, while in Hudson City, which lies just back of it on a ridge 150 feet higher, there were fifty two.

It has been conceded everywhere, that filth is a potent factor in the germination of the poison of cholera; therefore it is unnecessary to detail any of the numerously recorded instances that go to prove this. It is possible that it may be developed under the two conditions of heat and moisture, without filth as it is ordinarily considered. Dr. William Elmor, Jr., Corresponding Secretary of the State Society, reported in 1866, from Bridgeton, Cumberland County, that the only appearance of the disease in that city, during the year, was at one time and in one place, in two houses at a corner of two main streets, occupied by careful, intelligent, and refined people. In one house dwelt a lumber merchant, who, after a few days of diarrhœa, was seized with cholera on Thursday, September 26th, and died on Saturday. His two children were attacked and recovered. On Sunday, one of the family in the other house was taken with it, and within eight days there were in these two families and their attendants fifteen cases and six deaths. What was the cause of it? The inmates were prudent and cleanly indoors; their outhouses although not in an offensive condition were carefully disinfected, and a sample of the drinking water was sent to a Philadelphia chemist for analysis, and proved to be perfectly pure. But, says the doctor, it is true that the cholera evacuations of the first family were merely emptied on the ground, not buried and disinfected, like those "of the second family."

There are two ways by which cholera may be carried from one place to another, the one may be called the short and quick method, the other the long and slow one. A perfectly healthy person, from an entirely salubrious town or country, may visit an infected locality, go away, and be sick with it at home, or elsewhere. Judging from clinical observations the attack may come on in a few hours, or not for a day or two—the time being short. In July, 1866, at Hudson City, a poor German was employed to remove and bury the putrefying carcass of a horse, lying a few rods distant from a house infected with cholera. He died the same night of the malady. Towards the last of the same month and year the disease became located in Camden, in a low place, inhabited by filthy people, and caused six cases and five deaths within six days. On August 1st, a negro from the adjacent township was hired to clean and disinfect it. He was dead in twenty-four hours. Sometimes the period of incubation is longer. In the summer of 1849, a charcoal-burner living in the mountains sixteen miles from Paterson, went into that city to sell his coal, during an epidemic of the scourge. He ate and drank rather freely, but returned home the same night. The next day, Wednesday, he complained of feeling unwell, and on Friday he died, having all the symptoms of cholera. A wool merchant who resided on Cooper's Hill, Camden, did business on Front Street, Philadelphia, his counting room adjoining a court wherein cholera became located in August, 1866. On the twenty-third of the month, the day after the Board of Health of that city had reported seven or eight deaths there, he complained of indisposition during the forenoon, returned home at noon, and was a corpse before another sunrise. The body of the man who died near Paterson, was kept from Friday until Sunday, becoming partially decomposed. Out of his family who lived with him, and of his friends who attended the funeral, seven died of the disease in a week, there being no more of it in that neighborhood during the season. In the last instance, in this city, the

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dwelling of the victim and all the adjacent premises were thoroughly disinfected, his clothing fumigated and destroyed, and though the weather was hot, not one of his household, nor any one in the vicinity, had the disease during the balance of the year.

Quarantines of persons, baggage, and merchandise have been established to prevent the introduction of the dread poison into uninfected countries, thus showing a deep-seated conviction in the public mind that it may be conveyed by any or all of these agencies. Clothing soiled by the discharge of the sick is thought to be extremely dangerous, and it is probable that unsoiled clothes and goods packed up in an atmosphere loaded with germs, may be the means of transmitting this pestilence; germs, thus protected, apparently retain their vitality for a considerable length of time in a dormant state, and for a while become seemingly harmless, but when placed in the proper conditions for propagation they develop their fatal power. In the autumn of 1848, two sailing-vessels left the port of Havre for the United States, one destined for New York, the other for New Orleans. They were loaded with passengers, both cabin and steerage; the latter were emigrants collected from various places on the Continent, in some of which cholera was raging. It is known now that there were cases of it in Havre, although at the time the French government suppressed the fact. In one vessel the disease broke out on the twenty-sixth day out, just after a sudden fall of the temperature, that caused the passengers to overhaul their baggage for thicker clothing. In the other vessel, which followed a more southerly course, it began on the sixteenth day. This may be designated as a slow mode of migration, but in these days of fast steamships and limited express trains, the time would be ample to carry it from Europe to the Mississippi, or even to the shores of the Pacific.

A peculiarity in every epidemic of cholera is, that it sends a warning in advance. Every writer upon the subject at home and abroad, alludes to the admonitory diarrhœa which precedes its advent. Looseness of the bowels becomes more frequent than usual; it comes on more suddenly; the discharges are more watery; the pain accompanying it is intensified; there is a tendency to cramp, and a physical prostration out of proportion to the severity of the symptoms. This so attracted the attention of the French physicians in their first epidemic, that they coined a new word for it, calling it "cholerine." The medical men of this State have constantly observed this. At a meeting of the State Medical Society, held May, 8, 1849, the standing committee say that at present there exists a decided tendency to cramps, colic, and diarrhœa, generally tractable, "but in some instances it was difficult to overcome the laxity of the bowels." In a report made to them in that year, by Dr. J. F. Garrison, then a practitioner in Gloucester County, now an honorary member of this Society, he gives the details of the first case in that county, which occurred in the middle of June, the subject, a fisherman on the shore of the Delaware River, at Red Bank, who had contracted it in Port Richmond, Philadelphia. He drew a graphic picture of its influence in that part of the country. Afterwards, diarrhœas were almost universal, they were easily induced, and when checked they had a tendency to return. A feeling of prostration was everywhere complained of, and workingmen would seek for something to relieve them of it, although otherwise in good health. In 1854, the published accounts from Camden and Pemberton, in Burlington County, invite especial attention to the universal increase in cramps, colics, diarrhœas and dysenteries, before the epidemic declared itself. In 1866, the Society's correspondent in Bergen County speaks of an "epidemic condition of the atmosphere highly favorable to cholera," and in this city the same phenomenon was observed as in previous epidemics.

Superadded to these mild intestinal signals of approaching danger, another of a more startling character appears, before the dread disease marshals its forces for its fearful fatal epidemic onset. There will be a single case, or a few isolated ones of sudden and unexpected death after a brief illness, with all the symptoms of cholera, after which there is a short period of calm. The imperfect records of 1832 do not prove this as clearly as those of later years, when official sanitary supervision had been firmly established and more accurate statistics collected. Examples of this have already been given in describing the mode in which it has invaded this State, therefore it will be sufficient to refer to the manner of its advent into Camden in 1866. The first case was an adult, who was attacked on June 25th, which quickly

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proved fatal. After this, there was no more until July 25th, when suddenly, in the same place, occurred the six cases and five deaths before mentioned. During the past year the same thing was observed in Toulon, Marseilles, and Paris; the London Lancet and other publications affirming there was evidence of a number of deaths from it some time before the authorities officially recognized it.

Many vessels arrived in the United States with passengers from infected places in Europe, and with sickness on board, before the commencement of these epidemics. During the spring and summer of 1832 a number of such ships had entered the St. Lawrence and into the port of New York. In the autumn of 1848 the ship "New York" carried it into the latter place, and the "Swanton" into New Orleans, both having lost many passengers by it. In the spring of 1849, numerous vessels upon which deaths had taken place during the passage reached New York. In November, 1853, twenty-eight vessels arrived in that city, upon which 1141 persons had died with cholera. In October, 1863, the "Atalanta," from Havre to that port, lost twenty-three passengers by the same disease, and in the spring of 1866, Dr. Rauch, of Illinois, states that there had been 3000 arrivals in New York, of individuals "who had been directly exposed to the infection of cholera at Liverpool, on shipboard and at quarantine." If the germs introduced in the fall did not develop and spread in the North, it was because of the cold weather. We find, however, enough new ones were brought in, in the spring, germinating slowly under a moderate temperature, to spread in a diluted form in the atmosphere of the towns along the route of through travel in this State, and to cause the premonitory symptoms so generally noticed.

When a town or city has become fully overshadowed with this pestilence, and the storm-cloud breaks, it strikes simultaneously, with great suddenness and violence, in distinct, and often widely separated parts. Says Dr. Laurie, of England, in 1830, "the inhabitants of Gatesburg fell asleep on the 25th of December with a sense of perfect security, and devoid of panic, but before the sun rose on the 26th, fifty-five individuals had been seized, thirty-two of whom were not destined to see it set." This sudden and widespread attack of the epidemic has been observed in all its visits to New Jersey, and the fact has been carefully noted by skilful physicians in Newark, Paterson, Hudson City, Rahway, Burlington, and Camden, except that in Newark and Camden, in 1866, the sanitary precautions employed seemed to prevent any extended or uniform onslaught.

Cholera seems to be a self-limited disease. Removed from its native country, even into a climate of an equally hot temperature, it dies out in time, unless the virus is renewed from its original home. After each of its visits to this country it became entirely extinct. When it appears in our towns and cities it locates in well-defined areas, runs its course and disappears, not to return to them unless re-infected. The germ has a definite period of life at the end of which it expires.

If there be any truth in the foregoing theories, or if the facts narrated have been correctly applied, there are practical lessons to be learned therefrom, suitable to this occasion, when we are met together to devise measures to be recommended to our fellow citizens to protect them from the disastrous consequences of another epidemic of Asiatic cholera. There is but one safeguard for us in New Jersey, situated as we are between the two great cities of New York and Philadelphia, with a never-ceasing stream of travel and traffic flowing between them, and passing to and fro between those cities and our own towns. That is the most thorough investigation into our hygienic condition, and preparation for enforcing the most efficient preventive measures. If there is any doubt of the efficacy of these means to overcome the dreadful pestilence, the history of the past will remove it, a comparison of the results of sanitary labors in the two cities of Newark and Camden will dispel it. Prior to the last epidemic there was no organized effort in that direction in either. The little that was done was by a few of the most intelligent citizens, who, when the disease appeared, cleaned up their premises, whitewashed their cellars and outhouses, and sprinkled a trifle of chloride of lime. In Newark, in 1849, with a population of 38,000, there were seventy-nine accounted deaths from cholera, no record having been kept of the number of cases. In Camden, where many of its 9000 people had fled, there were one hundred and nineteen cases and fifty deaths. In 1854, when the disease was not so severe, there were ninety-four cases and thirty-

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seven deaths in the latter city. In 1866 both of these cities had put in execution an efficient system of sanitary measures to prevent its entering into them, and to stamp it out when it appeared. At this date the population of Newark had increased to 80,000, among whom there were only twenty cases, most of which were fatal. Camden had 18,000 inhabitants, and, as was previously mentioned, there were but thirty-nine. The power of cleanliness and disinfection was strongly illustrated in the latter, where, in the two localities in which it gained a foothold, it was not only eradicated, but ceased on the very day upon which the workmen finished their labors.

## THERAPEUTIC NOTES.

### COCA AND COCAINE IN SLEEPLESSNESS.

Some observations recently made by Dr. Murrell at the Westminster Hospital (British Medical Journal) indicate that cocaine is a hypnotic agent of considerable value.

The first patient, a man, æt 33, suffering from aortic disease and albuminuria, had been troubled with insomnia for a fortnight. Three minims of a four per cent. solution of hydrochlorate of cocaine (equal to ⅛ of a grain) were administered hypodermically. The patient slept better that night than he had done for a long time. The following night, one drachm of valoid of coca (a liquid extract, each drachm of which represents an equivalent quantity of the pure drug) was administered. He did not, however, sleep well. Two drachms of the valoid of coca were then given, and refreshing sleep was induced. The patient has continued to take this dose nightly for the past three weeks, the sleep being natural and undisturbed.

Two drachms of the valoid were given with an equally beneficial result to another patient convalescent from empyema, but suffering from sleeplessness.

The third patient a woman, with tertiary syphilis, was kept awake by pain in a large rupial sore on the thigh. Two minims of the four per cent. solution of the hydrochlorate of cocaine, dropped on the ulcerating surface, relieved the pain, and the patient slept.

As evidence that coca and cocaine have no toxic action—at all events in moderate doses—it may be mentioned that, in a case of rheumatism, the dose of hydrochlorate of cocaine was gradually increased by Dr. Murrell to six minims (¼ of a grain) hypodermically, and the valoid increased to five drachms, without any bad effect.

### TREATMENT OF BURNS BY BORACIC ACID OIL.

C. J. Bond, F.R.C.S. (British Medical Journal), has obtained excellent results in burns, from the use of a dressing composed of eighteen grains of powdered boracic acid dissolved in a drachm of hot glycerine, and added to an ounce of olive oil. This forms a kind of imperfect emulsion, the glycerine retaining the acid in solution when cold, and will be found to be non-irritating, as well as antiseptic. Extensive burns treated with it and covered with a layer of some antiseptic wool, require to be disturbed but seldom, and if not perfectly aseptic, are far "sweeter" than when dressed with, for instance, the carron oil.

As a lubricant for catheters, sounds, etc., this boracic oil with glycerine possesses advantages. It is superior to olive oil, because of its antiseptic property; and better than carbolic oil, because it is less irritating and much more stable; boracic acid being non-volatile.

### PULMONARY HEMORRHAGE.

For obstinate cases of pulmonary hemorrhage that cannot be controlled by the usual remedies, Professor Bartholow recommends the administration every half-hour or hour of—

℞. Ext. ipecac, fl. . . . ♏v.
Tinct. digitalis . . . ♏x.
Ext. ergoti fl. . . . . ʒj.
M. Sig.—For one dose.

The ipecac will produce emesis in a short time. As soon as this occurs the bleeding will stop. Dangerous post-partum hemorrhage can be effectually checked in the same way.

### VOMITING OF PREGNANCY.

Professor Parvin says the vomiting of pregnancy may depend upon so many different causes, that it is impossible to name any single remedy that will be a specific for every case. If an ulceration of the cervix exists it must be healed. If uterine displacement be the cause of the irritation it must be corrected. In the great majority of cases, however, the vomiting is either functional or sympathetic, and will be

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most efficiently relieved by attention to diet and the use of tincture of nux vomica, or Fowler's solution. Better results will at times be obtained from small doses of wine of ipecac. Occasionally hydrocyanic acid or oxalate of cerium will be most serviceable.

ERYSIPELAS MIGRANS.

The value of Professor DaCosta's method of treating erysipelas by hypodermatic injections of pilocarpin was forcibly illustrated by a recent case at the Pennsylvania Hospital. The patient, a man, thirty-six years old, had been suffering from erysipelas for about three weeks. The disease first appeared upon his face, and then invaded other portions of his body. When admitted to the hospital his face was desquamating, and his chest and thighs presented large patches of the eruption. He was, however, so very weak, and in such a general bad condition that the pilocarpin method was not resorted to. He was ordered tinct. ferri. chlor., ♏xx, every three hours, and quinine gr. xij. daily. After several days of this treatment he gained somewhat in strength, and his tongue became cleaner, but the eruption, while it slightly decreased on the face, became more diffused on the body. As he was still regarded to be too weak for the administration of pilocarpin, and as the iron and quinine had not produced any marked effect on the disease, he was placed upon iodide of potash, gr. x every four hours. This was of benefit for a time, but fresh outbreaks of the eruption occurred, and the temperature went up again.[4] Professor DaCosta then ordered pilocarpin to be administered, and in a short time the same good results were manifest that had been obtained from it in other cases. Profuse sweating occurred, the temperature went down to normal, the progress of the inflammation was checked, and the patient left the hospital in a few days.

CHRONIC BRONCHITIS.

In chronic bronchitis where there is considerable coughing, but comparatively scanty and tenacious expectoration, Professor DaCosta recommends the iodides of potassium or ammonium to be given in small doses, five or six times a day. The simple or medicated spray can also be used with advantage to moisten and soften the viscid mucus. If there be, however, a fair amount of secretion with diffused rales throughout the chest, more good will be obtained from ammonii chlor., gr. x-xv three or four times a day. Carbolic acid, and the various preparations of tar are also of benefit in this form of the disease.

Where the secretion is very profuse, turpentine or the balsams will be of most service. Medicated sprays are especially valuable in these cases for their alterative stimulant and disinfectant effect on the mucous membrane. For this purpose Professor DaCosta frequently directs the use of a solution of carbolic acid, gr. v to the ounce.

CHRONIC CONSTIPATION.

A young woman whose bowels moved only once a month, recently applied for treatment at Professor Bartholow's clinic. She was directed to use abdominal massage three times daily for fifteen minutes at a time, and to take three times a day a pill composed of—

| | |
|---|---|
| Ext. physostigmæ. . . . | gr. ¼. |
| Ext. nucis vomicæ. . . | gr. ¼. |
| Ext. belladonnæ. . . . | gr. ¼. |
| Ext. aloes. . . . . | gr. j. |
| Ferri. sulphatis exsicc. . . | gr. ss. |

DRIBBLING OF URINE.

Dribbling of urine while often symptomatic of over-distension of the bladder, is frequently due merely to either an excessive irritability of that organ or to a relaxation of the sphincter muscle, by which the urine is permitted to pass through as fast as it is secreted. When depending upon simple irritability of the bladder, a condition frequently met with in women, and in some nervous men, Professor Bartholow recommends tinct. cantharidi ♏x–xxx three or four times a day. Relaxation of the sphincter muscles can be most effectually corrected by the administration of ergot, to which iron may be added if the patient be debilitated. If there be, however, a catarrhal state of the bladder, and some enlargement of the prostate, as well as relaxation of the sphincter, Professor Bartholow advises the use of jaborandi ♏x–xx three or four times daily, until an increase of the saliva and some slight sweating is produced. The dribbling from over-distension demands prompt relief by the catheter or aspirator.

GENERAL BLOOD-LETTING.

Professor Gross considers general blood-letting to be the best of all remedies in the early stage of acute sthenic inflammations before exudation has occurred. By it we obtain at

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once the good effects which sedatives and purgatives might not produce for days. It reduces temperature, lowers arterial tension, removes stasis, relaxes muscular spasm, and lessens the amount of inflammatory products in the circulation. It also facilitates the absorption and promotes the action of any medicines that may be subsequently given. It should be resorted to whenever any important organ is involved. Caution however is necessary if the patient be very old, very young or feeble, chronic alcoholism is a contra-indication for its use. Very fat persons are also unfavorable subjects for its use.

### WHOOPING-COUGH.

Professor DaCosta advises quinine to be given in decided doses and to the point of tolerance as soon as the existence of whooping-cough is suspected. He has obtained better results from it than from belladonna. Chloral has also a deserved reputation and will be found to be next in value to quinine in the general treatment of this disease.

To prevent or shorten the distressing paroxysms of coughing, Professor DaCosta recommends paregoric in ♏xx–xxx doses, or the inhalation through a spray, if the child be old enough, of—

| | |
|---|---|
| Sodii bromidi, . . . . | gr. xx. |
| Ext. belladonna, fl. . . . | gr. ij. |
| Aqua, . . . . . | ℥j. |

### GONORRHŒA IN THE FEMALE.

Dr. Andrew F. Currier (New York Medical Journal) has not seen any brilliant results from internal medication in this disease. The therapeutic agent upon which he places most reliance is the hot vaginal douche properly given. A nozzle of sufficient length should be introduced into the posterior fornix, and the vagina kept filled with water as hot as can be borne for about ten minutes at a time. This should be repeated two or three times a day. The diet must be light and unirritating. The bowels should be kept soluble. Plenty of water should be drank, especially the alkalines if the bladder or urethra be involved.

Various astringent agents may be added to the hot-water injections if deemed necessary. In cases in which the cervix was mainly affected Dr. Currier obtained excellent results from the application of a solution of nitrate of silver, sixty grains to the ounce. Weaker solutions have no apparent effect. The use of bichloride injections by patients themselves has not proved as satisfactory as was anticipated. A tampon saturated with the fluid extract of eucalyptus will at times be found grateful to the patient, as well as antiseptic and astringent in its action.

### EXTERNAL USE OF CHLOROFORM IN DIFFICULT LABOR.

Dr. A. Svanberg recommends the external application of chloroform to the abdomen in cases where labor is delayed or obstetric manipulations prevented by uterine rigidity. By this means he has succeeded in turning several hours after the escape of the waters, and also in removing retained placenta without resorting to the inhalation of an anæsthetic. He soaks a piece of flannel in equal parts of sweet oil and chloroform, and then places it on the abdomen between the symphisis and umbilicus keeping it in close contact with the skin for about five minutes. If the case be a severe one the flannel is to be soaked again and reapplied for a few minutes more, at the end of about ten minutes the rigidity was always found to have disappeared, so that the necessary manipulations could be performed without any trouble.—*From Eira-Tidskrift for Helso-och Sjukvard.—Chicago Medical Journal and Examiner.*

### TURPENTINE IN DIPHTHERIA.

Dr. A. J. Miller (Peoria Medical Monthly) has treated twenty-four consecutive cases of diphtheria with turpentine. Every case recovered without any sequelæ whatever. The turpentine was given in doses of from one to two drachms every eight hours until the membrane disappeared. The patients were then put on a course of iron and quinine.

CITRATE OF CAFFEINE is now very largely employed as a diuretic, and is valuable in the treatment of dropsies of cardiac, renal, or peritoneal origin. It acts as a stimulant to the glandular epithelium of the kidney. The dose is from five to ten grains three times a day. It may be conveniently given in the form of Wyeth's compressed tablets, which are decidedly active. Bishop's granular effervescing citrate of caffeine is another excellent preparation. It contains a grain to the drachm, and may be used with much benefit in the treatment of headaches.

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THE
# Medical Bulletin.

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THE INTERNATIONAL MEDICAL CONGRESS OF 1884.—Professor Panum, of Copenhagen, who was so untiring in his efforts, and succeeded so well in making all the visitors at the recent meeting welcome and comfortable, and who, by his energy, experience, and ability made the gathering a signal success, we understand is collecting the photographs of the members of the profession who were present at that time. He will most certainly succeed, as he always will in all that he undertakes, and the album will be a memento of a memorable meeting that has reflected the greatest credit on the Danes, as well as the profession throughout the civilized world.

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## *CONGESTION OF THE MEDULLA OBLONGATA, A PRIMARY CONSEQUENCE AND SECONDARY CAUSE OF EPILEPTIC AND EROTIC DISEASE.*

THE view long prevalent that the cerebellum was the seat of the sexual impulse was strengthened for a time by the occurrence of several cases in which disease or injury of that organ was followed by either priapism or wasting of the sexual apparatus. The researches of modern physiologists, however, have shown the error of this view, and indicate that the controlling genital centre is in the medulla, and that the degenerative changes which ensued were due to an accompanying but unperceived involvement of that structure, and not to the cerebellar lesion. Among the observations which have led to this conclusion, it was noticed that extirpation of the testes in early life, with consequent abolition of sexual passion, was not followed by any changes in the cerebellum, while cases of complete destruction or absence of the cerebellum have been recorded, in which there was no diminution of that passion. The cocks from whom M. Flourens removed the entire cerebellum endeavored to gratify their sexual desire after the performance of the operation, and the monkeys, upon whom the same experiment was made by M. Ferrier, acted in a similar manner. Among the lower members of the animal kingdom those that have the smallest cerebellum frequently manifest the greatest sexual appetite. Frogs and toads, for instance, have only a narrow strip of cerebellar substance, and the lamprey eel has almost none, but the sexual propensity is very strong in all three. The same disproportion exists in the higher animals. Finally, it has been ascertained that stimulation of the cerebellum does not produce the slightest effect on the genital organs. On the other hand, Eckhart has shown that the vascular turgescence, which is the essential element of erection, can be produced by irritating the pons and medulla. Killian succeeded in exciting movements in the uterus and Fallopian tubes of various pregnant animals by irritating the medulla. Blows or injuries over the cervical region, as is well known, are apt to be followed by priapism, or gradual dwindling of the testes. Erection of the penis and emission of semen are among the characteristic phenomena of death by hanging. Congestion of the medulla is an inevitable consequence, and at times an exciting cause of epileptic attacks, and every attack in the male is marked by a seminal emission.

This intimate relation between the medulla and the genital organs was known to the ancient Greeks and Romans. It is illustrative, however, of the frightful depravity of those days that this knowledge was utilized in stimulating the jaded sexual appetite, and not in restraining it or modifying its effects. They were also aware of the morbid connection between epileptic attacks and sexual excesses, and suggested many curious theories in explanation.

It was not, however, until about thirty years ago, that the pathogeny of these affections was well established. About that time Schroeder Von Der Kolk, of Utrecht, announced, as the result of his investigations, that while the proximate cause of epileptic attacks consisted in a too highly exalted state of the ganglionic

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cells of the medulla, by which they were excited to action by the stimulus of any peripheral irritant, yet that each succeeding attack, by the congestion and consequent dilatation of the vessels with which it was accompanied, gradually produced a state of chronic congestion and dilatation of the vessels of the medulla, which, in turn, reacted upon the ganglionic cells, increasing their sensibility and consequently increasing the liability to constantly recurring attacks. He also stated that experience had shown him that removal of the peripheral irritation early in the disease had, in some instances, been sufficient to effect a cure. If, however, treatment had been deferred until chronic congestion and dilatation of the vessels had occurred, the removal of the irritant might suspend the attacks for a time, but the slightest indiscretion would cause their return. In these cases it was of the utmost importance to remove that greater or lesser congestion of the medulla, as well as to get rid of the remote cause of irritation. With the view, therefore, of diminishing vascular pressure and lessening the flow of arterial blood to the medulla, he administered digitalis to his patients, and found that the attacks remarkably abated when the pulse became slower. The attacks did not cease altogether, though, and other remedies were tried with varying success. He finally resorted to the use of derivatives to the top of the head, but, as might be expected from the anatomy of the parts, obtained the best results when the cups, leeches, or setons were applied to the nape of the neck. By this method his success was marvellous. Obstinate cases of eight and ten years' duration were restored to permanent health, or ameliorated to a marked degree. The well-known neurologist, Dr. C. Handfield Jones, in reviewing the discoveries and plan of treatment followed by Von Der Kolk says: "The good results obtained by him from the actual cautery, setons, leeches, and cupping are certainly very striking. In some cases considerable improvement of the mental faculties, which had been impaired by the disorder, followed the use of these means. Blood is not merely a nutrient, but also an excitant. If the excitation be excessive, the so-called excitable districts of the brain, the medulla, and parts just above it may be wrought into a condition of abnormal irritability, which blood-letting or checking blood-flow may relieve."

Sixty years before the publication of Von Der Kolk's observations, Parry had shown that convulsions could be prevented by compressing the carotids, and so lessening the amount of blood within the cranium. This method was subsequently employed with success by Romberg and Reimer. Since that time, though, the bromides have come into general use as remedies for epilepsy. They slow the heart, contract the vessels, and by thus lessening cerebral hyperæmia will, in the majority of cases, diminish that reflex excitability and remove the passive congestion of the medulla upon which the disease depends. At times, however, the congestion and dilatation of the vessels have been too long present to be overcome by them. In these cases the external derivative method of Von Der Kolk may be employed with every hope of success. If this too should be without the wished-for effect, then Alexander's plan of ligating the vertebral arteries may be adopted in suitable cases. By this plan Alexander claims that the nutrition of the medulla, and of the upper and even of the lower part of the spinal cord, can be influenced in the most desirable manner. In a paper which he contributed to Brain about two years ago, detailing the results of twenty-one cases in which he had tied one or both vertebrals, he stated that three of the patients had been entirely well for over a year, nine had been free from attacks for such a length of time that their cure might be regarded as accomplished, and eight were improving so steadily that the operation would be justifiable, even if no better results were ever obtained.

The remarkable interdependence of epilepsy and erotic disorders, and the ready manner in which they act and react upon each other, as cause and effect, was long ago recognized. Almost every writer on the subject has stated that sexual maladies are the most frequent cause of the epileptic disease, and that every convulsion is in turn followed by a seminal emission. No satisfactory explanation of this peculiar union was adduced

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until Von Der Kolk pointed out that they were both due to the same pathogenetic factor. "Onanism," he stated, "is commonly considered, and often correctly, to be a cause of epilepsy, but onanism and excitement of the sexual organs are to a greater degree than is usually supposed the result of irritation and congestion of the medulla oblongata." He accordingly advised in obstinate cases of masturbation and spermatorrhœa the application of the same derivative remedies to the back of the neck which had been so beneficial in the cases of persistent epilepsy. This plan of treatment was also recommended by Professor S. D. Gross, as of especial value in cases arising from inter-cranial irritation. Notwithstanding this distinguished indorsement, it has not been adopted as a means of cure. Reliance has been placed altogether upon the administration of bromides and other remedies to lessen the reflex irritability of the genital centre, and the use of the urethral bougie to overcome the local hyperæsthesia. A series of cases recently reported, however, in the Practitioner, by Alexander Harkin, of Belfast, forcibly confirm Von Der Kolk's conclusions, and illustrate the value of his derivative plan of treatment. The patients presented all the symptoms of aggravated spermatorrhœa. Seminal emissions occurred several times a day upon the slightest cause, and without any effort of the will. In some the irritability had extended to the bladder, so that urination was imperative every half-hour. In addition they suffered from vertigo, loss of memory, defects of gait and vision, and other manifestations of a central nervous disorder. All the usual remedies had been tried in vain. Dr. Harkin then applied cupping-glasses to the nape of the neck, abstracting from one to two ounces of blood. Relief was at once afforded in every case. The patients enjoyed a refreshing sleep that night for the first time for many months. The improvement thus manifested continued under the use of cold douches to the nape of the neck, and the administration of the bromides which now produced their characteristic effects, and in the course of a few weeks the patients were discharged, completely cured.

There are two important lessons to be drawn from these gratifying results. One is that success in any difficult case can only be obtained by ascertaining the cause of the morbid symptoms, and instituting systematic well-devised treatment to remove that cause. The other is, that a passive congestion of the medulla oblongata is frequently the most essential factor in the production and persistence of epileptic and erotic disorders, and demands relief even more imperatively than an irritable intestine or a hyperæsthetic urinary tract.

## *THE ADVANCES IN CEREBRAL SURGERY.*

UNTIL within this last few years, the diagnosis of cerebral affections was mainly a matter of conjecture. Their treatment was accordingly a compound of empiricism and expectancy. Now, however, owing to the patient researches and accurate observations of the distinguished workers in that field, our knowledge has been placed upon a firmer basis. The functions of the various portions of the brain have been definitely ascertained, and the special motor and sensory areas have been localized with wonderful exactness. Diseases formerly obscure or misunderstood can now be promptly recognized and traced to their origin. A rational plan of treatment predicated upon the existing lesions has thus been rendered possible, and a new sphere of usefulness opened for cerebral surgery.

The recently reported case of the detection and removal of a glioma from the gray matter of the ascending frontal convolution, by Drs. Hughes Bennett and R. J. Godlee, is illustrative of what may be accomplished in that department. Since then an equally remarkable and important operation has been performed by John Fagan, F.R.C.S.I., President of the Ulster Medical Society, Belfast. The patient was a child, three years old, who had been suffering from an apparently irremediable brain affection. Notwithstanding the child's tender age, Dr. Fagan being convinced that relief could be afforded in no other way, trephined the skull. Relief was afforded at once. The little patient is now progressing favorably, and there is every reason to believe that her recovery will be permanent.

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# MEDICAL NEWS AND MISCELLANY.

We note with regret that the Index Medicus has been compelled to suspend publication.

Dr. James Owens Smith, of New York, died January 30th, in the eighty-third year of his age.

Dr. Francis W. Shain, surgeon of the Red Star Line, has been visiting at his home in Philadelphia last month.

The American Neurological Association will hold its eleventh annual meeting in New York on June 17th.

The Lacaze prize of 10,000 francs has been awarded by the Paris Faculty of Medicine to M. Debove for his clinical lessons on tuberculosis.

Dr. R. F. Wark (Detroit Lancet) claims tinct. ferri chlor., undiluted, to be the best local application for erysipelas. He has also found it valuable in cases of frosted feet.

Dr. Thomas Shipley Bartram, a well-known physician of Philadelphia, and a lineal descendant of Joseph Bartram, the celebrated botanist, died at his home in this city on February 2d.

The death of Dr. E. L. Gaillard, the veteran editor, occurred on February 2d. Gaillard's well-known medical journal will be continued to be published by M. E. and E. W. Gaillard.

The Medical Society of London.—Dr. John V. Shoemaker was elected a fellow of the Society, January 19th. The organization was established in 1773, and is one of the oldest in the United Kingdom.

F. St. George Mivart, F.R.C.S., records (Lancet) the case of a man æt. sixty-one, subject to epileptiform seizures, whose pulse-rate is only twenty-four per minute, except after walking fast when it rises to twenty-six.

Dr. John J. Mulherron, editor of that sparkling journal the Medical Age, has obtained excellent results in cystitis from the internal administration of benzoic acid, combined with the use of vesical injections of a solution of borax.

Dr. Edward N. Brush, formerly of Buffalo, N. Y., has resigned from the staff of the New York State Lunatic Asylum to accept the position of Assistant Physician in charge of the male department of the Pennsylvania Hospital for the Insane.

Dr. Haig (The Practitioner) reports the case of a man thirty years of age who suffered from violent attacks of hemicrania. Various plans of treatment were tried without obtaining relief. He was finally placed upon a purely vegetable diet, when the symptoms entirely disappeared.

Dr. F. A. Rice, Bridgeport, Conn., reports in the Medical Record that a cabinet maker, æt. forty-nine, who had an attack of acute rheumatism at the age of twenty, subsequently suffered from mitral disease, and eventually died therefrom. On autopsy, his heart when emptied of blood was found to weigh forty-four ounces.

At a meeting of the College of Physicians of Philadelphia, on February 4th, Professor J. M. DaCosta presided, and Dr. Richard A. Cleemann acted as Secretary. Dr. S. Weir Mitchell offered a series of resolutions which were adopted, protesting against the passage of the proposed anti-vivisection bill. A copy of the resolutions will be sent to the Legislature.

The annual meeting of the Medical Jurisprudence Society of Philadelphia was held on January 13th. The following officers were elected for the ensuing year: President, George W. Biddle, Esq.; Vice-President, John J Reese, M.D.; and William N. Ashman, Esq.; Recorder, J. Solis Cohen, M.D.; Secretary, Henry Leffmann, M.D.; Treasurer, Hampton L. Carson, Esq.

Dr. Philander A. Harris (American Journal of Obstetrics) recommends that all cases of mastitis in which suppuration is not manifested, be treated by bandaging alone. He forbids nursing, frictions, fomentations, in fact every local measure except the application of a properly adjusted bandage. By this method the gland is placed completely at rest, and resolution will be found to begin within a few days.

Dr. T. L. Lallerstedt (Trans. Georgia Medical Association) considers gelsemium to be almost a specific for facial neuralgia, if used in large doses. He generally orders the fluid extract in twenty-drop doses every two hours, until the physiological effects are produced or relief is obtained. In cases of severe frontal headache he frequently prescribes forty grains of bromide of potash with twenty-drops fluid extract of gelsemium to be taken every hour in a full glass of water.

Professor Peter D. Keyser, Dean of the Medico-Chirurgical College of this city, extends through our columns a general invitation to the professsion to call at the college and examine a preparation of the coma-bacilli of cholera. They were obtained from a patient in Toulon, who died within an hour after the first appearance of the symptoms of the disease. They are in a state of pure-culture, prepared and stained for investigation by Koch himself, who sent them to Professor Hugo Engel.

Drs. James Tyson, Charles K. Mills, and Robert N. Chase, who were appointed as a committee on the collective investigation of dis-

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ease at the last meeting of the Pennsylvania State Medical Society, have sent every member of the society a circular, and a set of cards on which to record observations made on pneumonia, chorea, and acute rheumatism. Members are requested to fill in and return the cards before April 1st to the chairman of the committee, Dr. James Tyson, 1506 Spruce Street, Philadelphia, Pa.

AT the stated meeting of the Philadelphia Clinical Society on January 23d, the following officers were elected for the ensuing year: President, Edward E. Montgomery, M.D.; First Vice-President, John B. Roberts, M.D.; Second Vice-President, Amy S. Barton, M.D.; Corresponding Secretary, Ida E. Richardson, M.D.; Recording Secretary, I. G. Heilman, M.D.; Reporting Secretary, Mary Willets, M.D.; Treasurer, L. Brewer Hall, M.D.; Councillors, James B. Walker, M.D.; Daniel Longaker, M.D.; Clara Marshall, M.D.; Henry Beates, M.D.; Henry Leffmann, M.D.

PROFESSOR BENJAMIN F. SILLIMAN, one of the most brilliant of American scientists, died at his home in New Haven on January 14th. He was born in New Haven in 1816, and graduated from Yale in 1837. In 1849 he was appointed to the chair of Medical Chemistry and Toxicology in the University of Louisville. In 1854 he returned to New Haven to succeed his father in the chair of chemistry in Yale College. His great work on the principles of physics, has long been recognized as a standard authority, and almost universally used as a text-book throughout the United States.

THE thirteenth annual meeting of the American Public Health Association will be held in Washington, D. C., December 8–11, 1885. The Executive Committee have selected the following topics for consideration at the meeting:—

I. The best form in which the result of registration of diseases and deaths can be given to the public in weekly, monthly, and annual reports.

II. The proper organization of Health Boards, and local sanitary service.

III. Recent sanitary experiences in connection with the exclusion and suppression of epidemic diseases.

IV. Healthy homes and foods for the working classes.

V. The sanitary conditions and necessities of school-houses and school-life.

VI. Disinfection and individual prophylaxis against infectious diseases.

VII. The preventable causes of disease, injury and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them.

Through the generosity of Mr. Henry Lomb, of Rochester, N. Y., the Association has been authorized to offer a first prize of $500, and a second prize of $200 for the best essays upon each of the four latter subjects, making a total of $2800, to be distributed in prizes. The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health. The awards will be announced at the meeting of the Association in December, 1885. Further information can be obtained from the Secretary, Dr. Irving A. Watson, Concord, N. H.

CAMDEN COUNTY MEDICAL SOCIETY.—The meeting of the Camden County Medical Society on February 10th was one of the most notable and brilliant events in the history of that progressive and flourishing society. The meeting, which was held in the handsome parlors of the West Jersey Hotel, had been called for the purpose of discussing the cholera question, hearing the report of a committee appointed to suggest methods to prevent the spread of the disease if it should reach this country, and also for the reception of a paper upon the same subject by Dr. John R. Stevenson, of Haddonfield. The general interest manifested in the proceedings was forcibly shown by the presence of a number of prominent physicians from Philadelphia, and North, South, and Central New Jersey.

The President, Dr. Dowling Benjamin, occupied the chair, and Drs. E. L. B. Godfrey and H. Genet Taylor acted as a Committee of Arrangements. Dr. Godfrey opened the meeting with a few brief remarks, in the course of which he said:—

There is probably no question before the medical profession to-day of greater interest than the cholera question. The different views entertained by distinguished medical observers as to its causation, make its discussion the more important. Dr. Koch, the distinguished German scientist, from an examination of the cholera in Egypt, India, and on the continent of Europe, believes that it is due to a specific germ; that the coma bacillus, the name by which the germ is known, possesses distinctive characteristics; that it occurs in a constant relation to the cholera process; that the cholera process and the coma bacilli are so intimately related that there is no other conceivable relation but that the bacilli precede and produce the disease. If such be the case, successful treatment must finally be adopted when both the cause and nature of the disease are known, and a great advancement has been made by Dr. Koch, by showing that an early diagnosis can be made by a microscopical examination of the *dejecta* of an infected person, and by pointing out the readiness with which the germ is killed by drying, thus doing away

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with disinfectants, which are not less useless than nauseous.

The feature of the evening, Dr. John R. Stevenson's paper, which we publish in full elsewhere in THE BULLETIN, was then read by its talented author.

On motion of Dr. Godfrey a vote of thanks was ordered to be given to Dr. Stevenson for his valuable and interesting paper. Dr. Hunt, of the State Board of Health, who was then introduced, complimented Dr. Stevenson's paper as giving a thorough history of the disease in New Jersey. He related how in 1866 he was dispatched by Governor Ward to South Amboy, where a case had come from New York, and how its probable spread had been prevented by the prompt measure of a resident physician, who burned the building and household effects contaminated by the patient. He also said the best way to prevent the spread of cholera was to be ready for it, which he thought New Jersey now was, as active measures had been taken in the upper part of the State, and that it was delightful to know that expert opinion was always considered in this end of the State, and that the medical society was always consulted, and he had no doubt but what the medical society made up its mind should be done would be done.

Professor Peter D. Keyser, Dean of the Medico-Chirurgical College, of Philadelphia, then exhibited under the microscope several specimens of the coma bacilli, which had been specially prepared by Koch himself.

In the discussion which afterwards ensued, Dr. E. O. Shakespeare, of Philadelphia, carefully reviewed Koch's theory, but stated that he was unable to accept it at present, as inoculation of animals failed to produce cholera. Dr. H. Formad reiterated his well-known views that the coma bacillus has nothing to do with cholera. Professor William H. Pancoast said that after a thorough consideration he could not doubt the germinal origin of cholera, and that, as it revelled in filth and dirt, the best prophylactics were personal and municipal cleanliness. Professor Tyson believed corrosive sublimate to be the best disinfectant.

After some further remarks by Dr. B. A. Watson, of Jersey City; Dr. Joseph Parrish, of Burlington, N. J.; Dr. Franklin Gauntt, President of the New Jersey State Sanitary Association; and Drs. J. J. Levick, and J. E. Garrettson, of Philadelphia, the members and their guests adjourned to the dining-hall, where a sumptuous collation had been prepared.

During the evening the following toasts were proposed:—

"Mutual Interests of the Medical Profession of Pennsylvania and New Jersey;" responded to by Dr. Charles G. Garrison.

"The Medical Profession Abroad;" responded to by Dr. J. V. Shoemaker.

"The oldest Medical Society in America: the Medical Society of New Jersey;" responded to by Dr. Newell, of Millville.

"Philadelphia County Medical Society;" responded to by Professor W. H. Pancoast.

"Medical Education;" responded to by Dr. J. H. Packard, of Pennsylvania University.

"State Medical Society of Pennsylvania;" responded to by Dr. Carl Seiler.

Brief speeches were also made by Dr. Formad, Dr. Levick, Dr. Stewart and others.

Among those present were:—

Drs. E. L. B. Godfrey, H. Genet Taylor, A.M. Mecray, D. Benjamin, J. Orlando White, D. P. Pancoast, W. A. Davis, James A. Armstrong, William H. Iszard, H. F. Palm, W. H. Ireland, E. J. Snitcher, C. M. Schellinger, J. F. Walsh, A. T. Dobson, P. W. Beale, D. M. Strock, J. W. Donges, S. B. Irwin, O. B. Gross, Judge-Advocate-General Charles G. Garrison, Rev. Dr. J. F. Garrison, Marmaduke B. Taylor, A. P. Brown, Dr. J. C. De La Cour, J. L. De La Cour, Simeon T. Ringle, Carroll Reeves, and others, of Camden. Dr. E. M. Hunt, Secretary New Jersey Board of Health; Dr. Franklin Gauntt, President of the New Jersey Sanitary Association; Dr. Parish, Vice President New Jersey Medical Society; Dr. J. W. Ward, Trenton Asylum; Dr. Milton Fernure, President Bergen County Medical Society; Dr. H. M. Weeks, President Mercer County Medical Society; Dr. William P. Melcher, President Burlington County Medical Society; Dr. L. M. Halsey, President Gloucester County Medical Society; Dr. B. A. Waddington, President Salem County Medical Society; Dr. George Tomlinson, President Cumberland County Medical Society; Dr. Edward North, President Atlantic County Medical Society; Dr. Carll, Cape May County Medical Society; Dr. Elmer, of Trenton; Dr. Newell, of Millville; Dr. Woolston, of Marlton; Dr. H. A. Smith, of Gloucester; Dr. Stout, of Berlin; Dr. H. E. Branin, of Blackwoodtown; Drs. Tomlinson and Blake, of Gloucester City; Dr. Thornton, of Moorestown; Dr. Taylor of Beverly; Dr. Alexander Marcy, Jr., of Riverton; Dr. Laws, of Paulsboro.

From Philadelphia, there were present: Professor William H. Pancoast, of Jefferson Medical College; Professors Peter D. Keyser and J. E. Garrettson, of the Medico-chirurgical College; Dr. R. J. Levis, President Philadelphia County Medical Society; Dr. William B. Atkinson, Secretary American Medical Association; Professor James Tyson, Dean of the Faculty of the University of Pennsylvania; Dr. William Hunt, Pennsylvania Hospital; Professor William Goodell, University of Pennsylvania; Dr. John H.

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Packard, Episcopal Hospital; Drs. Thomas G. Morton, Frank Fisher, J. M. Barton, W. B. Simpkins, I. Gilbert Young, W. R. D. Blackwood, L. P. Baldwin, B. F. Baer, W. Welch, J. Neff, H. St. Clair Ash, Carl Seiler, B. F. Hazel, Joseph Hearn, D. W. Cadwallader, A. P. Brubaker, E. O. Shakspeare, James J. Levick, C. R. Prall, George Strawbridge, Charles K. Mills, J. R. F. Bell, J. B. Roberts, Thomas Fenton, and J. V. Shoemaker.

Letters of regret were read from Dr. S. Weir Mitchell, Dr. R. A. Cleemann, of the Philadelphia Board of Health; Professor Bartholow, Jefferson College; Dr. Dunglison, Dr. Ruschenberger, United States Navy; Dr. J. William White, University of Pennsylvania; Dr. W. W. Keen, Academy of Natural Sciences; Dr. Leffmann, Port Physician of Philadelphia; Professor Gross, Jefferson College; Dr. Richard C. Dean, Medical Director United States Navy; Dr. Brackett, of Princeton College; Dr. Leeds, of Stevens Institute; Dr. P. C. Baker, President New Jersey Medical Society; Dr. Stephen Wicks, the author of the Medical History of New Jersey; Dr. L. W. Dakley, of Elizabeth; Dr. C. J. Kipp, of Newark; Dr. Janeway, New Brunswick; Dr. William K. Newton, New Jersey Board of Health; Surgeon-General Theodore Varick, of Jersey City.

PROFSSSOR HAL C. WYMAN, in a paper read before the Wayne County Medical Society (Medical Age) advocates tenotomy of the levator prostatæ in cases of urinary obstruction due to hypertrophy of the prostate.

DR. H. LANDIS GETZ (Journal of American Medical Association) thinks that in a great many otherwise unexplainable cases of still birth, the death of the child is caused by a premature detachment of the placenta during labor. Whenever this accident is suspected prompt delivery should be effected.

DR. MURRELL recommends every physician to keep an antidote bag, which should contain every drug and instrument needed in the ordinary cases of poisoning. It should always be kept filled and ready for use, so that in case of emergency the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when a life may depend upon a minute.

PROFESSOR H. C. WOOD (Medical and Surgical Reporter) believes that every old person should wear a buckskin jacket next to the skin. Nothing will compare with it in efficiency to prevent that slight chilling of the surface, which means dangerous internal congestion in the aged. Old persons should also spend many hours in bed. Their food should be light but nutritious, consisting chiefly of milk, and using meat sparingly. They should especially avoid exposure to high winds, for this cause can claim ten thousand victims among the aged, when dampness and its results must be satisfied with one thousand. Every old man ought to take some form of alcohol at meal-time. Opium will also be found a useful agent in prolonging the life of the aged, but it must be ordered carefully.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—This body will hold its thirty-seventh annual session in the city of Scranton May 27th, 28th, and 29th. As the programme of the meeting must be distributed at least one month prior to the meeting, all who desire to present papers at this session are requested to forward to Dr. Wm. B. Atkinson, the Permanent Secretary, the title and a brief abstract of the same, not later than March 15, 1885. It should be remembered that no voluntary paper is allowed to occupy more than twenty minutes in reading. Dr. G. F. Everhart, the chairman of the Committee of Arrangements of the Society at Scranton, writes that preparations have already been made for a successful meeting.

## BOOK REVIEWS.

*A Compend of Surgery for Students and Physicians.* By ORVILLE HORWITZ, B.S., M.D., Resident Physician at the Pennsylvania Hospital, and late Resident Physician at the Jefferson Medical College Hospital. Second edition. Philadelphia: P. Blakiston, Son & Co., 1885.

The second edition of this excellent little compend has been carefully revised and enlarged. Chapters have been inserted on the ligation of arteries, and the modern method of the antiseptic treatment of wounds. Material additions have also been made to the section on venereal diseases. All the essential facts of surgery are presented in a well-arranged and condensed manner. It will therefore be found valuable, not only in preparing for examination, but also as a convenient book of reference when the ordinary textbooks are not accessible.

*The Diagnosis and Treatment of Chronic Nasal Catarrh.* By GEORGE MOREWOOD LEFFERTS, A.M., M.D., Professor of Laryngoscopy and Diseases of the Throat in the College of Physicians and Surgeons, New York, etc. St. Louis: Lambert & Co., 1884.

In this instructive monograph, the subject of chronic nasal catarrh is treated with unusual clearness and precision. The indiscriminate use of the douche is condemned as productive of more harm than good. If at any time the secretions become so thick or hard that they cannot be re-

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moved by the nasal spray, a posterior nasal syringe should be resorted to. The author does not approve of the use of chloride of sodium as an ingredient in any of the lotions for this affection, as it produces endosmosis, and increases the swelling of the mucous membrane. In his experience the best results have been obtained from the local application and inhalation of Listerine, except when the membrane has undergone hypertrophy. In these cases, relief can only be obtained by the stronger caustics, or the galvano-cautery.

*A Compend of Obstetrics; Especially adapted to the use of Medical Students and Physicians.* By HENRY G. LANDIS, A.M., M.D., Professor of Obstetrics and Diseases of Women in Starling Medical College, etc. Second edition. Philadelphia: P. Blakiston, Son & Co., 1885.

This valuable little book contains a *résumé* of the more important facts of the science of obstetrics. The author has judiciously avoided making any reference to various fanciful theories, which, though very ingenious, would only serve to mystify the student. Everything that is necessary, however, to a knowledge of practical obstetrics is presented in the form of a series of questions and answers. This arrangement enables the essential points to be presented in a clear and direct manner, and assists to impress them more fully on the mind of the reader.

*The Student's Guide to Clinical Medicine and Case-Taking.* By FRANCIS WARNER, M.D., Lond., F.R.C.P., Assistant Physician, Lecturer on Botany, and late Medical Registrar to the London Hospital, etc. Second edition. Philadelphia: P. Blakiston, Son & Co., 1885.

This valuable work was originally written for advanced students of medicine, but possesses a wider sphere of usefulness. It is, as its name implies, a practical guide for the examination and recording of cases. It contains in a compact form the most prominent symptoms of the various diseases arranged in classes. The observer is directed where and what to look for in each case, and a habit of definite systematic inquiry thus induced.

It also contains a clear description of the tests for abnormal urinary constituents, and a valuable table exhibiting the progressive changes in weight and size of a healthy infant during its first year.

*A Text-Book of Hygiene.* By GEORGE H. ROHE, M.D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore, etc. Baltimore: Thomas & Evans, 1885.

This interesting volume contains an exhaustive exposition of the principles and practices of preventive medicine. The essential elements upon which the art of preserving health is based are forcibly stated, and the public and private measures described by which they can be rendered most efficient.

As air and water are the two great mediums by which the germs of disease are conveyed to distant parts, the importance of preventing their contamination is strongly dwelt upon. The liability of those engaged in certain industrial occupations to suffer from peculiar affections is considered, and the appropriate prophylactic means advised. A chapter is devoted to the question of the disposition of sewage. The relative value of the various germicides are compared, and the highest place assigned to the mercuric chloride.

*A Hand-Book of Pathological Anatomy and Histology, with an Introductory Section on Post-Mortem Examinations, and the Method of Preserving and Examining Diseased Tissues.* By FRANCIS DELAFIELD, M.D., and T. MITCHELL PRUDDEN, M.D. New York: William Wood & Co., 56 and 58 Lafayette Place, 1885.

This second edition of one of the most useful and valuable works on the subject now before the profession is much enlarged. Part first—which is devoted to the method of making post-mortem examinations—points out especially the object to be attained. The cause of death, and the successive steps of proceeding in the examination, particularly in cases of suspected poisoning, is dwelt upon in a clear and forcible way. In the same part, the various methods of hardening tissues, embedding, cutting, staining, and preserving them, are described well in the fewest possible words. Part second includes morbid changes in the circulation of the blood; changes in the composition of the blood; degenerations; animal parasites and bacteria; the classification of the latter, their relation to disease, and the method of staining them both in fluids and tissues, being made extremely interesting and of the greatest value. Inflammation and tumors, which conclude the part, are equally well considered. Part third discusses the morbid anatomy of the organs, the portion devoted to the respiratory system, being most clearly demonstrated by fine wood-cuts; acute and chronic miliary tuberculosis, as well as acute and chronic phthisis being especially well portrayed. The work concludes with part four, in which the lesions found in the general diseases, in poisoning, and in violent deaths, are described; the pages on cholera and tuberculosis containing the most recent research upon these all-absorbing topics. The authors have thus produced a volume that will not only be a practical text-book for the constant use of students, but an invaluable companion and guide for all practitioners of medicine.

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*The Therapeutics of the Respiratory Passages.* By PROSSER JAMES, M.D., Lecturer on Materia Medica and Therapeutics at the London Hsspital Medical College; Physician to the London Hospital for Diseases of the Throat and Chest, etc. New York: William Wood & Co., 1884.

This interesting volume is the November number of Wood's Standard Library. The author, Dr. Prosser James, is well known as a practitioner, writer, and teacher of acknowledged reputation. This volume contains the results of his experience with the remedies commonly employed in the treatment of diseases of the respiratory passages. He is a warm advocate of the use of inhalations and local applications in this class of affections, and details the circumstances in which they are of especial value. He does not, however, restrict his observations to the use of drugs alone, but points out the importance to the patient of a full supply of fresh air, and nutritious, easily digested food.

*Diseases of the Urinary and Male Sexual Organs.* By WM. T. BELFIELD, M.D., author of "Relations of Micro-Organisms to Disease" (Cartwright Lectures, 1883); Pathologist to the Cook County Hospital, etc. New York: William Wood & Co., 1884.

This volume, which has been issued as the October number of Wood's Standard Library, is one of the most practical works that has yet been written on diseases of the urinary and male sexual organs. Convinced that a lack of care and thoroughness in the examination of patients is responsible for many failures in the management of these disorders, the author has endeavored to present clearly the necessity and the means for making a correct diagnosis as an essential preliminary to treatment. To this end, he has devoted several chapters to a discussion of methods for the recognition of morbid conditions, and emphasizes the too frequently neglected fact, that gleet, albuminuria, spermatorrhœa, and cystitis, are not entities calling for a routine administration of drugs, but symptoms requiring a thorough investigation of the patient.

*Manual of Medical Botany of North America.* By LAWRENCE JOHNSON, A.M., M.D., Lecturer on Medical Botany, Medical Department University of the City of New York; Fellow of the New York Academy of Medicine, and the New York Academy of Sciences, etc. New York: William Wood & Co., 1884.

This valuable book, which is the December issue of Wood's Standard Library, will supply a want long felt for a hand-book of Botany suitable for American medical students. It contains a brief description of general botany, with a more detailed account of medicinal plants. The first part of the book is devoted to the consideration of the elements of the subject. The life history of plants is sketched from germination to reproduction, and an explanation is given of the technical terms and plan of classification in use at the present day. The second part contains a systematic arrangement and description of the indigenous and naturalized medicinal plants of North America. Following the description of a plant, the author gives its habitat part used in medicine, constituents, preparations, and a brief account of its therapeutic properties and uses. The value of the book is enhanced by a number of admirably executed engravings.

*Comparative Physiology and Psychology. A Discussion of the Evolution and Relations of the Mind and Body of Man and Animals.* By S. V. CLEVENGER, M.D., Special Pathologist County Insane Asylum, Chicago; Member of the American Neurological Association, etc. Chicago: Jansen McClurg & Co., 1885.

In this interesting and instructive volume Dr. Clevenger presents a summary of the present knowledge of psychology and mental physiology. In preparing it, his endeavor has been to elaborate as far as possible a practical mental science, which will reconcile the observations of anatomists, psychologists, and pathologists, with direct reference to the treatment of insanity. Heretofore the discussion of the properties and workings of the mental faculties has been confined to the metaphysician. Many of them were acute observers, but in the main their system was so insufficient, and their deductions so absurd, as to discourage earnest investigators, and throw doubt upon the possibility of ever attaining any accurate knowledge of the mental processes. Comparative embryology and physiological experiments have, however, prepared the way for definite induction, and a rational system of psychology is being gradually established.

*Epistaxis.* By D. N. RANKIN, A.M., M.D., Allegheny, Pa. Reprint from Journal American Medical Association.

*Provision for Feeble-Minded and Idiotic Children.* By ISAAC N. KERLIN, M.D., Elwyn, Pa. Reprint of a paper read at the Eleventh National Conference of Charities and Corrections.

*The Obligation of Civilized Society to Idiotic and Feeble-Minded Children.* By Hon. H. M. GREENE, Lawrence, Kans. Reprint of a paper read at the Eleventh National Convention of Charities and Corrections.

*The Medical Profession and Alcohol.* An Inaugural Address. By BENJAMIN WARD RICHARDSON, M.D., F.R.S., President of the British Medical Temperance Association. Republished by the National Temperance Society and Publication House. New York, 1885.

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## *REPORT OF INTERESTING CASES*

TREATED AT

## *THE SURGICAL INSTITUTE,*

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

THERE is nothing that is more frequently neglected and misunderstood, both by physicians and patients, than the use of braces as artificial supports, or mechanical appliances designed for correcting deformities. Such apparatus, in almost all cases, requires continual attention; generally little alterations, which perhaps on each occasion may seem petty, but the aggregate of which is momentous. The correction of deformities is at best a slow and tedious process; whatever is gained, is only gained little by little, and it is in the highest degree unphilosophical to apply an apparatus that will correct a fraction of a deformity, and omit to follow it up by daily efforts to gain new fractions and make secure all that is thus gained. So, also, is it to refer a patient with a deformity (as is often done) to a workman merely skilled in the art of manufacturing the instrument to be worn, but totally ignorant of the more important anatomical knowledge which is absolutely necessary for the proper and efficient adjustment and regulation of any mechanico-surgical appliance. Just as well might a surgeon refer a patient with a broken limb to a carpenter or splint-maker, as to refer a case of deformity to an orthopedical instrument maker, no matter what may be his skill as an artisan,—just as well might the surgeon omit to watch and alter, to refit and replace the splint dressings of a broken limb, as to omit these same points in managing the mechanical appliances used for correcting deformities.

It is a conviction of the importance of this matter of bringing the skilled workmanship of the mechanic fully and completely under the immediate control of the surgeon, and of having it constantly at hand for instant service, even with the tools that the surgeon may sometimes wish to participate in using,—a conviction confirmed by much observation and experience,—that impels the writer to bring to the notice of the profession at large the novel and scientific methods used at the Surgical Institute in Philadelphia, Pa., for the treatment of that large class of cases which are so often wholly unmanageable in private practice, because of the absence of the proper mechanical appliances.

The importance of mechanical exercise as a means of cure is now generally recognized. It has had many drawbacks in the course of its development to its present accepted position; but now, happily, the ridiculous assumptions of bone-setters and pretentious manipulators have had their day. The classes of cases likely to derive benefit from this method of treatment are becoming well known and well defined, though the full benefits are as yet reaped only by a few.

It is estimated that there are at this time 30,000 persons in the United States whose only means of locomotion is the rolling-chair. Of course, a large majority of these are cases of paraplegia and kindred forms of paralysis, utterly hopeless and incurable; but it is sad and pitiable to reflect that perhaps 10,000 of them are really wasting their lives, being merely the victims of rheumatic arthritis, or some form of muscular rigidity that is often amenable to mechanical treatment. Systematic massage, in connection with other rational methods of passive movements, would renew the function of their muscles again, and restore to these unfortunates in various degrees the use of their limbs once more. Yet, often for twenty, thirty, or forty years,—a lifetime,—they sit, helplessly, hopelessly, and sadly in their rolling chairs, because they know not that there is even a hope of possible relief, and because the methods of cure are such that it is impossible for each individual practitioner to use and apply them.

So, indeed, is it with nearly every kind of human deformity. The proper means and methods of cure are peculiar, and require continuous and peculiar attention; and the cases, though in the aggregate very numerous, are so scattered and isolated that it is utterly impracticable for each individual practitioner to provide and maintain the necessary appliances for treating them. For these reasons, and from the circumstance of their isolation, they become neglected until many a permanent and shocking deformity results in cases for which a method of cure is well known, especially if applied at the time of its earliest manifestation. As an illustration, there are thousands of individuals permanently deformed by Pott's Disease of the

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Spine,—often sensitive and cultured persons,—with monstrous and unsightly humps on their backs, daily suffering a mental martyrdom from their deformity, yet proper mechanical support, applied in the early stage of the disease and sufficiently persevered in, might have saved nearly all of them with a deformity so small as to pass almost unnoticed. Lateral Curvature, an opprobrium of surgery, is very amenable to a treatment combining mechanical supports and special exercises, if promptly resorted to during the growing period of youth, the time when it most frequently originates; yet it is generally neglected till adult age has fixed the deformity beyond relief, or till such a condition has resulted that a mere arrest of the disease is all that is possible, and ofttimes even this much cannot be assured in badly neglected cases.

During the past three years 1186 cases have been under treatment. A very large proportion of these cases were of this character. Thus 948 of them required braces or special mechanical appliances of some form to be worn by the patient. Of these, 820 required other mechanical treatment, electricity, massage, or some kind of passive exercise. In very few of these cases could these methods of treatment have been satisfactorily managed by physicians occupied with general and miscellaneous practice.

In order to properly understand the treatment of the cases reported it will be necessary to give a brief description of some of the appliances used at the Institute. In the report of cases which is to follow, noticeable departures from the ordinary treatment will be noticed in the management of club feet, Pott's disease, infantile and other forms of paralysis, etc., the details of which will be minutely described, though a perfectly clear description of the machinery by cuts and drawings is almost impossible, as it requires a personal examination to understand and appreciate it.

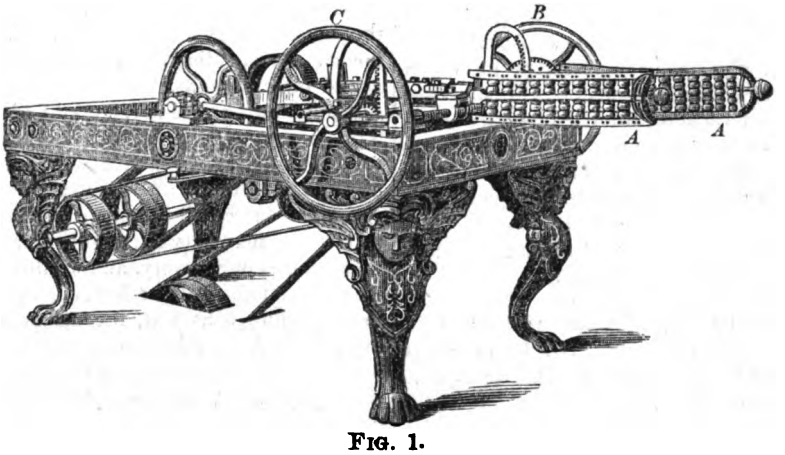


FIG. 1.

Fig. 1 represents a most important massage apparatus, sometimes spoken of as a "body kneader." It has two adjustable projecting arms, *A A*, upon which are arranged hundreds of elastic rubber rollers or balls, each ball revolving on a shaft. The patient is seated on a stool or divan, so as to bring the body conveniently between these projecting arms which, though moving with exceeding rapidity, are so perfectly adjustable that every part of the torso can receive a most thorough massage. It is a very important and useful machine as an adjunct in the treatment of torpid liver, dyspepsia, constipation, and many forms of nervous disease; also for a large class of patients who either cannot or will not take sufficient exercise. By the combined operation of this machine upon the torso, and of another machine (to be described later) upon the limbs, the whole body can be most thoroughly and completely kneaded and manipulated. These massage operations are very much more thorough and complete than anything possible by hand manipulation.

Graham, in urging the proper performance of this operation, says, "The means employed cannot be too carefully selected, especially when it is a question of such potent means as massage, which affects either directly or indirectly, every function of the human body.

This is an art which does not mend nature,
But the art itself is nature."

[To be continued.]

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## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. George M. Sternberg (U. S. Army) is continuing his work at the Biological Laboratory of Johns Hopkins University. He is investigating the relative power of the different disinfectants for The American Public Health Association.

Dr. Dennis I. McKew (Class 1850) died on February 10th. Dr. McKew had been suffering a long time from chronic Bright's Disease, and had not been able to attend to his practice for several months. He had expressed himself as feeling better for some days before his death, and died suddenly, while sitting in his chair. He was one of our prominent and most successful physicians, and was highly esteemed by the community for his personal and professional worth.

April 1st will see an entire change in the resident staff of the University Hospital. Dr. Frank West, who has been Resident Physician for five years, has resigned. He proposes to take a short vacation after leaving the Hospital, and then to commence practice for himself. Dr. Charles W. Mitchell (Class 1881), Assistant Resident Physician at the Hospital from April, 1881, to 1883, succeeds Dr. West. Dr. Ridge Trimble, the present Assistant Resident Physician, will also resign April 1st.

Dr. Robert Randolph (Class 1884) was in Baltimore on the 13th inst. Dr. Randolph is working in the Richmond Hospitals. He expects to go to Europe before long.

The vacant places in the Faculty of the Baltimore Polyclinic and Post-Graduate School, caused by the resignation of seven members of the Faculty, noted in our last communication, have been filled with one exception. Dr. N. R. Gorter succeeds Drs. Alan P. Smith and J. E. Michael in the Chair of General and Genito-Urinary Surgery, Dr. G. J. Preston succeeds Dr. T. Barton Brune in the Chair of Practice of Medicine and Urinary Pathology, Dr. N. A. S. Keyser succeeds Drs. T. S. Latimer and F. E. Chatard, who attended to Diseases of Children, and Dr. J. W. Chambers will take charge of Operative Surgery and Topographical Anatomy. Instruction in these branches has hitherto been given by Drs. Chambers and Randolph Winslow. No successor has yet been chosen to Dr. Samuel Theobald, who was Professor of Diseases of the Eye and Ear.

## OUR ADVERTISERS.

TREATMENT OF CHOLERA.—In view of the expected visit of cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of this disease, should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known that acids are most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Charles Gatchell, of Chicago, in his "Treatment of Cholera," says, "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence will not create that disturbance liable to follow the use of mineral acids.

The following case is reported from Bangkok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American Missionary attended him, and administered all the medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

EXCURSION TO EUROPE.—A number of attractive excursions during the coming spring and summer are announced by Messrs. Thos. Cook & Son, the well known tourist agents of New York and London, which are arranged on the most popular scale of prices. Full programmes of these trips, with maps showing the routes followed, are to be found in their monthly paper, Cook's Excursionist, published at 261 Broadway, New York, which they announce will be sent by mail to any one interested, on application.

UTERINE HEMORRHAGE.—At the meeting of the National Medical Association, held at Columbus, O., Dr. J. R. Borland reported a case of uterine hemorrhage of twenty five years' standing, which was successfully treated with S. H. Kennedy's Extract of Pinus Canadensis. He also spoke very highly of this remedy in the treatment of leucorrhœa.—*Medical Summary.*

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

VOL. VII. PHLADELPHIA, APRIL, 1885. No. 4.

## CLINICAL LECTURES.

### *JAUNDICE — IMPAIRMENT OF MOTOR-POWER AND NUTRITION, THE RESULT OF CEREBRAL INJURY—GOITRE.*

DELIVERED AT THE JEFFERSON MEDICAL COLLEGE HOSPITAL.

BY ROBERTS BARTHOLOW, M.D., LL.D.,
Professor of Materia Medica and Therapeutics in the Jefferson Medical College.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: As will be remembered, at a recent lecture, I discussed the subject of gastro-duodenal catarrh and gall-stones. The present case will illustrate some points involved in that discussion. This man has a fixed pain in the side, which he rather refers to injury. He has, however, had three attacks of jaundice, and has been treated for disorder of the liver. The last attack of jaundice occurred about four months ago. Since then he has had the fixed pain, before referred to, which is located just beneath the margin of the ribs, on the right side, and, on pressure, there is found tenderness and fulness in the region of the gall-bladder. With this fulness and tenderness in the region of the gall-bladder, there is a history of gastro-duodenal catarrh and repeated attacks of jaundice. In three of these attacks the pain was much more severe than at other times. There are cases in which the pain caused by the passage of gall-stones is exceedingly slight. Sometimes large calculi ulcerate their way into the intestine without causing marked disturbance. I have shown you as many as one hundred gall stones of small size which were present in the gall-bladder. Gall-stones of such small size would not be likely to cause severe pain, so that between the cases with slight pain and little constitutional disturbance and those cases with excruciating pain and marked constitutional disturbance, there are great variations in severity. This patient has probably passed small calculi, which were not large enough to bring on violent spasms of hepatic colic. The fact that the gall-bladder is enlarged and somewhat tender, indicates that it yet contains a number of small calculi which may be discharged from time to time.

I bring the patient before you partly to illustrate the mode of examination in these cases. In the first place, the area of liver dulness, and more particularly the area of the dulness attributable to the gall-bladder, is to be determined. The patient is now in the recumbent position, and the liver, being a heavy organ, descends by gravity, but, notwithstanding this, the liver dulness in the axillary line is downwards four inches. The liver is distinctly swollen.

Can the limits of the gall-bladder be determined? If the surface of the abdomen is carefully inspected, a little elevation, globular in shape, will be detected, which indicates to the eye the position of the swollen gall-bladder. The percussion-dulness is continuous over this prominence. Careful palpation over this point shows the presence of an elastic globular body.

There is then a distended gall-bladder. What does it contain? Doubtless it contains bile, and when we take into account the history of the repeated attacks of pain with several attacks of jaundice, I think that we can

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come to no other conclusion than that the gall-bladder also contains calculi. This diagnosis can be reduced to an absolute certainty. It is perfectly easy, and, let me add, perfectly proper, to pass an exploring needle into the gall-bladder. I believe that I was the first to tap the gall-bladder and explore its canal. The case reported by me occurred in Cincinnati, and was an example of hydatid cysts, with considerable distension of the gall-bladder. I tapped the cyst, and subsequently removed the contents of the gall-bladder and explored its canal with a probe passed through the canula. I suggested this as a means for determining at any time the presence of calculi obstructing the duct, but I found that the method was limited to obstruction of the cystic duct. There is great difficulty in exploring the cystic duct unless the sound is most flexible, for, just beyond the gall-bladder, the duct makes a sharp bend, which it is difficult to pass. If the sound is very flexible and great care is used, it is possible to turn this bend and pass the sound into the cystic duct, but I think not beyond into the common duct. Here there are no evidences of obstructive disease. The liver is swollen, it is true, but there are no evidences of obstruction in the common duct, for the bile flows into the intestine. There is reason to believe that there is undue accumulation in the gall-bladder; but, as there is no need for such exploration, it may be postponed.

Is there any method by which the common duct may be explored? It has been suggested that the presence or absence of a calculus in the common duct can be determined by passing an exploring trocar. When we take into consideration the fact that the portal vein has been opened in the attempt to reach a hydatid cyst of the liver, I maintain that the operation proposed is unjustifiable. There is no such danger in exploring the gall-bladder in the manner I have suggested.

Coming next to the question of treatment, how shall we relieve the patient? We have to deal with a gastro-duodenal catarrh, catarrh of the gall-duct and gall-bladder, inducing fermentative changes, and inducing crystallization of the cholesterine. The gall-bladder is distended, probably, in part, with bile, and in part by retained calculi. One of two things may happen to these calculi. They may pass into the intestine, or a calculi may become lodged in the cystic duct, and induce sufficient inflammation to cause a permanent closure of the tube. I have examined two cases in which the duct was permanently closed without apparent detriment to the patient.

In occlusion of the common duct an expedient has recently been suggested by a physician in Georgia. This consists in attaching the gall-bladder to the small intestine. Although the operation has not been done on man, yet the possibility of its successful performance has been shown by operations on dogs. The advantage claimed is that in occlusion of the common duct, which is, of course, incompatible with life, it gives the patient a chance. The objection to the operation is that the cystic duct is very tortuous, and the bile would have to make a long journey from the liver to the intestine, besides the uncertainty attending the operation itself.

In regard to diet, there are two classes of food which are especially injurious in these cases. These are the fats and the starches. The fatty, starchy, and saccharine elements should be excluded from the diet, for, by undergoing an acid fermentation, they tend to the formation of these calculi. The length of the time during which this abstinence is to be practised will vary with the condition of the patient and the extent of the trouble. If the diet is not restricted, calculi will continue to form indefinitely. It does not take long for calculi to form; there is reason to think that they may form in a few days. The catarrh of the duct and of the gall-bladder must be removed, for, if there be no catarrh, there will be no decomposition of bile and deposition of cholesterine. The change in the diet tends to the removal of the catarrh, for the fatty, starchy, and saccharine elements are largely digested in the small intestine, and if this be in a catarrhal state, these elements will not be properly digested. They will then undergo acetic and butyric acid fermentation, and these irritating acids will keep up the catarrh.

What remedies should be used? That condition of the bile which disposes to the formation of crystals of cholesterine is obviated by the exhibition of some salt of soda, and one of the best is the phosphate, but in the present instance I prefer to direct the cholate. This, as you know, is a normal component of the bile. It will regulate the bowels, keep the bile soluble, and will prevent the precipitation

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of cholesterine. I will add another remedy, which will give tone to the whole apparatus, that is nux vomica. I will direct then three grains of the cholate of sodium, with one-fourth of a grain of extract of nux vomica, in pill form, three times a day. If this acts too freely on the bowels, the amount of cholate of sodium will be decreased.

It is important that a cure should be effected as rapidly as possible, for when there is obstruction to the flow of the bile, preventing its escape into the intestine, the connective tissue of the liver undergoes hyperplasia, this is followed by contraction leading to sclerosis, although not true cirrhosis. In this case we have the swollen liver, the initial step in the changes which will follow, if the condition is not removed.

*Impairment of Motion and Nutrition of Right Upper Extremity, due to Depression of the Left Side of the Skull, the Result of an Accident.*—This is a very interesting case. You notice the difference in the movements of the two arms when directed to stretch them out, and the difficulty with which the patient picks up a small object with the right hand. The right arm is also smaller than the left. The right leg is affected in a similar manner. There is but little alteration of speech. This child, when seven weeks old, fell on a tile floor and injured his skull, producing two deep indentations into which I can lay my finger. It is apparent that as a result of some cerebral injury at that time, there has been impairment of the motor-centres of the left side of the brain, which has been followed by wasting and some late rigidity in the muscles of the right side of the body. The depression of the skull is just at that portion of the brain in which is situated the centre for the movements of the upper extremity. This case is a good illustration of some of the modern views in reference to the function of certain portions of the brain. Within a short time a case has been reported from London, in which a young man presented symptoms of tumor in this region. There were convulsions beginning in the upper extremity which indicated that this centre was impinged upon. This diagnosis having been made, a surgeon cut down on the skull, trephined it and exposed the brain. There being no evidence of tumor on the surface, he cut into the brain discovering a glioma which he removed. This case has made a great impression throughout the civilized world. The accuracy of the diagnosis which rendered justifiable the surgical procedure, was only made possible by experiments on animals.

Although there is no tumor here, yet similar results have been produced by the effects of the injury. The fact that the boy talks well, shows that the language centre, which lies forward of this part of the brain has not been injured. Although the skull is depressed at that point, the depression is not sufficient in extent to involve the language centre.

It is stated that for some time after the accident the child had convulsions, and in all probability these began on the right side. The brain has accommodated itself somewhat to this depression, and although there is some impairment of motor-power, the convulsions have ceased. There is good reason to believe that the child can be benefited if the depressed portion of the skull should be elevated. If this is not done, it is exceedingly likely that recurrence of the convulsion will follow with the further progress of the changes which take place in the brain. I decidedly advise that the operation be done. Otherwise, it is practically useless to do anything except to try and prevent the degenerative changes in the muscles by the use of electricity; the wasting may be retarded by the use of the faradaic current. This, however, would simply improve the nutrition of the muscles, and of course would have no effect upon the lesion in the brain.

*Simple Goitre Simulating Exophthalmic Goitre.*—This patient comes to us with enlargement of the thyroid gland, and, as you will observe, the enlargement is greater on the right side than on the left. There is also irregular action and palpitation of the heart with asthmatic breathing on making any slight exertion. She also complains of some derangement of breathing. As she sits here breathing quietly we note that peculiar noise which may be produced by pressure on the trachea; but the thyroid is not sufficiently large to press sufficiently upon the trachea.

There is then disturbed action of the heart, enlargement of the thyroid, marked pulsation of the thyroid, and derangement of vision. Thus we have a quarternary of symptoms which would at once suggest that we had a case of exophthalmic goitre. It is of that character, but some of the important features

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of exophthalmic goitre are wanting. The movement of the heart is not sufficiently rapid. There is no protrusion of the eyes. There is a decided heaving impulse felt over the thyroid, but this is due to the pulsation of the carotid beneath.

Although these symptoms approximate the case to one of exophthalmic goitre, yet it is not an example of that disease. If that is the case how shall we explain the irregular action of the heart and the asthmatic difficulty in breathing? These symptoms may be readily accounted for by pressure of the enlarged thyroid on important nerve trunks. The pneumogastric and phrenic nerves may both be impinged upon. Examination of the heart reveals no signs of valvular disease, nor of hypertrophy.

We have then a case of goitre coming on at a period of life when degenerative changes occur in the heart and great vessels, and this is associated with accidental troubles in the eyes and heart, and coincident and accidental trouble elswhere due to pressure on important nerve trunks.

The first indication of treatment is to relieve the pressure of the enlarged thyroid. For this purpose, we will use the ointment of the red iodide of mercury, which experience has conclusively shown to be capable of removing simple hypertrophy of the thyroid. In order to relieve the irregular cardiac action I shall direct her to take one drop of the centesimal solution of nitro-glycerine three or four times a day. This dose will be increased by one drop a day until the characteristic evidence of its action are produced. Under this treatment I think improvement will take place.

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## *DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.*

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

### LECTURE I.

MR. PRESIDENT AND GENTLEMEN: Since you have done me the honor to request a few lectures on the diagnosis of diseases of the nervous system, it gives me great pleasure to be able to serve you.

I desire to premise by saying, that the time at my disposal will not permit me, neither is it my wish, to go into a detailed description of the various nervous affections, but what I purpose, is to speak of some of the more prominent methods employed in the diagnosis of certain diseases of the brain and spinal cord, and the anatomy and physiology of the structures we are about to investigate, with a direct reference to their diseased conditions.

*Tendon Reflex.*—From time immemorial it had doubtless been observed when certain tendons were kept stretched for a short time, or when the legs were struck just below the knee-cap, the feet dangling from a bench or table, that quick and decided muscular contractions took place, but it was reserved for Professors Westphal and Erb, pioneer investigators in the phenomenon exhibited by tendon reflex, to make known the important facts, about the year 1874, that the normal knee-jerk is almost invariably absent in certain diseases of the nervous system, and greatly exaggerated in others. Gowers has investigated the condition of numerous reflexes, but the most important are the patellar tendon and iritic reflexes, and what is known as the ankle clonus.

The reflex of the patellar tendon may be investigated in several ways. If, while a person is sitting with legs crossed, one knee over the other, the ligamentum patella of the supported leg be struck about midway between the patella and the insertion of the ligament into the crest of the tibia, a sudden contraction of the quadriceps femoris muscle will take place. The same result may be obtained, but to a less degree, by striking the tendon above the patella. A good way to elicit the phenomenon is to strike the leg just below the patella while the person is sitting on a table or bench with the legs dangling. It sometimes happens that we wish to investigate the condition of the patellar tendon reflex in persons who are confined to bed; under such circumstances the leg should be semi-flexed, the heel resting firmly on the bed, while one hand of the operator, placed in the popliteal space, supports the knee. The patient must be as passive as possible, and not attempt to restrain or increase the upward motion of the leg. Ordinarily the upward motion of the foot is two or three inches, although even in health it is sometimes found to be less than two inches, and at other

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times as much as four. An ordinary percussing hammer, a stethoscope with a heavy ear-piece, or the ends of the middle and ring fingers may be employed as the percussor.

Certain precautions must always be taken, or we may fall into the error of thinking the patellar reflex is absent when it is present, or of taking the contraction of the vastus internus muscle for the tendon reflex. If the knee-jerk is not sufficiently pronounced on percussing through a thin undergarment, the skin should be bared, and, in fact, in all cases where there is the least doubt, the knee should be uncovered. Frequently it is necessary to strike the part several times before contraction of the anterior muscle of the thigh takes place. There is one point, immediately below the patella, which, if fairly struck, gives rise to the most marked contraction of the quadriceps femoris muscle. I have no doubt but that numerous observers have found that the tendon reflex at the knee may be temporarily diminished or almost abolished by severe and prolonged exercise of the leg muscles, yet, as far as my knowledge goes, no one has called attention to the subject. In my own person I have repeatedly observed, after I had been on my feet for a number of hours, that the patellar tendon reflex, which is ordinarily well-marked, was nearly abolished. I have observed recently that the condition of the patellar tendon reflex had been investigated in diabetes, but by whom I cannot now recall. If I mistake not it was stated that the knee phenomenon was found absent in more than twenty per cent. of the fatal cases of this disease, and in only about three per cent. of the non-fatal cases. It is urged in the article referred to as a means of prognosis in diabetes. It is probable that the knee-jerk is absent in this disease on account of the great exhaustion present.

Dr. Buzzard thinks the contraction of the vastus internus muscle, which is very obvious in some cases of posterior spinal sclerosis, might be mistaken for the tendon reflex. With ordinary care there is no danger of a blunder of this kind. The contraction of the vastus internus muscle is slow and mechanical, contrasting strongly with the sudden reflex action of the anterior thigh muscle. It may have considerable diagnostic value, as it is not usually sufficiently marked in health to be noticed, but is most distinct in certain diseases when the reflex phenomenon is absent.

It is unnecessary for me to go into the endless discussions relating to the cause of tendon reflex. It is probably due not to a direct spinal reflex, but a reflex muscular tonus, which latter is dependent upon the normal reflex of the spinal cord. It is more important for us to know the routes over which sensitive impressions and motor impulses most probably pass whenever the tendon reflex is produced. Knowing these we are in a condition to appreciate what lesions are capable of breaking the arc and thus abolishing tendon reflex. The route on the motor side, consists of muscle, motor nerve, and root and ganglion cells in the anterior cornu, on the sensitive side of tendon, nerve of sensation and its root, posterior root zone and posterior cornu. If the tendon reflex is normal, it indicates as a rule that that portion of the spinal cord from which the lumbar plexus is derived is not the seat of disease. We will suppose that the patellar tendon reflex is absent, and the patient able to walk and possessed of vigorous leg muscles. In such a person the structures constituting the arc on the motor side may be excluded from disease. When the patient is weak and confined to bed, it is not always so easy to exclude the motor side. Under such circumstances it will be necessary to ascertain the strength of the muscles by forcibly flexing the legs, while the patient endeavors to hold them straight. Should the vastus internus muscle respond when struck, with moderately strong leg muscles, the motor side of the arc may still be excluded in making a diagnosis. If, however, the muscles are very weak, and the vastus internus muscle only responds by a wave when struck, it will be advisable to extend the examination further by measuring the circumferences of the legs, and by the application of electricity to the muscles. Buzzard and Erb have called attention to the fact that slight disturbance on the motor side of the nervous arc may be sufficient to abolish the patellar tendon reflex, and yet the muscles still respond to the faradic current. When there is any doubt, great care should be used in the investigation, and the constant current, slowly interrupted, should be tried for reactions of degeneration. It is of the utmost importance in the diagnosis that every precaution be taken before the motor side is excluded in the investigation of the disease. This done, the lesion must be in the gray matter of the posterior horn, posterior root zone, or in the posterior

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nerve or its root. In the majority of instances when the patellar tendon reflex is absent, the motor side of the nervous arc being preserved, the lesion causing the break on the sensitive side will be found in the posterior root zone constituting the disease known as posterior spinal sclerosis. If the break in any case with absent tendon reflex be situated in the nerve, local evidences of neuritis, together with disturbances, sensory and motor, will be present and make the diagnosis comparatively easy. In most cases the general symptoms of the disease when taken together with the absent tendon reflex enable us to locate the seat of the lesion. It is well to bear in mind that the patellar reflex may be absent in both legs, in one leg, the condition dependent upon a break in the motor side of the nervous arc, in the other, upon a lesion in the sensitive side. A horizontal lesion of one-half of the cord will produce paralysis of motion on the same side, and paralysis of sensation on the opposite. In such a case the absent reflex will be due to lesion on the motor side of the nervous arc in one leg, and to one on the sensitive side in the other. For absent patellar tendon reflex to be of much value in indicating disease, it must be shown to be almost invariably present in health. Dr. Buzzard states ("Diseases of the Nervous System," p. 9), that Westphal up to 1882 had never seen it absent in health, but he, himself, had failed to produce it in a member of the medical profession in apparently good health. "The experiment was, however," he adds, "inconclusive, as the skin was not bared." It undoubtedly is the rule for the patellar tendon reflex to be present in health, and to it I have not met with a single exception where every precaution to prevent a mistake has been taken.

Bramwell* gives a diagram, illustrating the supposed nervous arc through which sensitive impressions and motor impulses travel in the production of the reflex phenomenon under consideration.

Any lesion of the cells in the anterior cornua of the nerve or muscle on the motor side, or any lesion, in the posterior cornua, root zone, posterior nerve, skin or tendon on the sensitive side, capable of making a break in the arc, will give rise to absent tendon reflex. As we would expect, so we find it diminished or absent, depending upon the extent of the lesion, in spinal meningitis, perineuritis, diphtheritic paralysis, pseudo-hypertrophic muscular paralysis, infantile paralysis and posterior spinal sclerosis. In "lead palsy" the tendon reflex is absent in the hemiplegic and paraplegic cases. Whether we accept the statements made by Gombault, that the trouble is peripheral, and the lesion granular degeneration of the medullary substance of the nerves, or the opinion of Remak, that the lead poison expends its force in the spinal cord, producing atrophy of motor cells in the anterior cornua, diminished or absent reflex is equally explicable. In paralysis agitans well advanced, and in progressive muscular atrophy (the protopathic amyotrophic form of Charcot), after considerable degeneration of the ganglion cells in the anterior cornua has taken place, the patellar tendon reflex is diminished or absent.

Increased, like diminished or absent, tendon reflex is indicative of disease. The brain is supposed to have an inhibitory influence over the spinal cord. If this theory is correct we would expect to find in diseases of the brain which diminish its controlling action over the cord exaggerated spinal reflexes. This is in reality what takes place under such circumstances. In cases of tumor, apoplexy and other destructive lesions of the brain, the patellar tendon reflex is increased. It is just possible that this statement may need modification on further investigation of the tendon reflex, in connection with lesions of the cerebellum and thalamus opticus. In hysteria the tendon reflex is usually increased. In this disease the reflex and emotional centres run riot, while the will power is more or less in abeyance. In lesions of the cord, situated in the tracts through which impulses travel coming from the brain, as in lateral spinal sclerosis (spastic paralysis), the tendon reflex is greatly increased. It is a well recognized fact when the ganglion cells in the anterior cornua of the cord have undergone degeneration, that patellar tendon reflex is abolished. This holds good under all circumstances when the cells throughout the anterior cornua of that portion of the cord from which the lumbar plexus takes its origin, are destroyed. There is one disease in which there is an apparent, but only an apparent, exception. There are at least two forms of progressive muscular atrophy. In one, the protopathic amyotrophic form of Charcot, the

* Bramwell, "Diseases of the Spinal Cord," page 25.

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trouble slowly progresses, and the muscular atrophy and loss of power depend upon the number of ganglion cells involved. In this the tendon reflex exists for awhile, but later it may be abolished. In the other, the deuteropathic amyotrophic form of Charcot, the lateral columns are affected together with the cells in the anterior cornua. It begins with loss of power, independent of muscular atrophy. Spastic contractions take place. Later, rapid atrophy of the paralyzed muscles follows. It is more rapid in its course than the protopathic form. In this (the deuteropathic) form the tendon reflex is increased often to a marked degree. When we take into consideration that through the destruction of the lateral columns which takes place in this disease, that the inhibitory impulses coming from the brain are partially cut off, it is not difficult to understand why the reflex condition of the cord is exaggerated, notwithstanding a portion of the cells in the anterior cornua are destroyed.

Absent patella tendon reflex is so frequently found in sclerosis of the posterior columns of the cord, that it becomes of the greatest diagnostic importance in this disease. Buzzard thinks that the peculiar pains described in connection with it, and the "absence of patella tendon reflex (with a fairly normal condition of the quadriceps extensor muscle), are the most constant, as they are probably the earliest of all symptoms. My belief," he adds, "is that if we meet with a patient who exhibits them both, we do not need the presence of any other in order to form a diagnosis of tabes dorsalis."

In 1875, Professor Westphal wrote: "The leg phenomenon was constantly absent in all undoubted cases of tabes dorsalis." He confirmed this report after a further experience of three years. Professor Erb found the patella tendon reflex absent in forty-eight of forty-nine cases of posterior spinal sclerosis. He considers it an early symptom. In thirty cases analyzed by Buzzard, the knee-jerk was absent in twenty-eight. From the reports of these two observers it was absent in about ninety-six per cent. of their cases. Buzzard states that in two of the cases in which it was absent there was no ataxia. In a few cases of undoubted posterior spinal sclerosis I have found the knee-jerk absent several months before any ataxia developed.

In all of these the "lightning pains" were present, and in some eye symptoms were added to complete the diagnosis. So far, I have not met with a single case of sclerosis of the posterior columns alone, in which the patella tendon reflex was present. It must be remembered that all writers do not lay equal stress upon the knee phenomenon in the diagnosis of locomotor ataxia. Buzzard reports a case (page 138, "Diseases of the Nervous System") of an old hemiplegia, with aphasia, which was followed by disease of the posterior columns of the cord. In this case, also, the patellar tendon reflex was absent. The absence of the knee phenomenon, to be of value in the diagnosis of locomotor ataxia, must be associated with a fairly strong condition of the muscles of the legs, together with a normal or exaggerated response of the vastus internus muscle to blows. In sclerosis of the posterior columns of the cord the lateral columns may also suffer, which would account for the normal patella tendon reflex, or its exaggerated condition, sometimes seen in connection with this disease.

Enough has been said to show the importance of thoroughly investigating the reflexes in diseases of the nervous system.

A few words with reference to the condition known as ankle clonus, leaving for the present iritic reflex until we come to speak of eye symptoms in the diagnosis of diseases of the brain and cord. It is known as foot trepitation by some. Professor Erb has given it the name of reflex clonus. When the conditions are favorable it may be produced as follows: The patient sits with leg nearly straight but not forcibly extended. The operator grasps the calf muscles, or the heel, and supports the leg with one hand, whilst with the other hand he firmly presses upon the ball of the foot and effects dorsal flexion. Immediately on the foot being pressed upon, marked rythmical movements, flexion and extension of the foot takes place, and continues as long as pressure is kept up, and sometimes much longer. According to Gowers there is a voluntary or spurious form of ankle clonus, in which the foot trepitation does not begin until after the foot is held in a dorsally flexed position for a few seconds. The ankle clonus seems to be produced by forcibly extending the tendo-Achillis for a short time. The phenomenon is not ordinarily seen in health, although it is seen in a modified degree in persons who hold the foot in a flexed and constrained position,

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thus stretching the tendo-Achillis. In health the foot trepitation is slight, and stops when the tension is relieved, and the foot receives firm support. In certain diseases, on the other hand, it is often so violent as to shake the room in which the patient sits, and continues after the foot is freed and allowed to rest on the ground. Even when the phenomenon is most marked, it is claimed that it may be stopped by forced extension of the foot. Ankle clonus is present in cases of old hemiplegia of cerebral origin, where the lateral columns of the cord have become affected by descending degeneration. It is of value in diagnosing spinal complication in brain diseases. The phenomenon is met with in lateral sclerosis (spastic paraplegia), and often in progressive muscular atrophy. When ankle clonus is observed in connection with hysteria it is apt to be of the spurious variety, although Professor Osler states (American Journal of the Medical Sciences, p. 219, for January, 1885), that "in persistent hysterical contracture there may be a regular, persistent clonus."

# ORIGINAL COMMUNICATIONS.

## *CANCER OF THE TONGUE; WITH ESPECIAL REFERENCE*

### TO ITS ÆTIOLOGY AND TREATMENT BY OPERATION.

READ BEFORE THE MEDICAL SOCIETY, LONDON.

BY FRED. BOWSEMAN JESSETT, F.R.C.S. ENG.
Surgeon to the Cancer Hospital.

MR. PRESIDENT AND GENTLEMEN: The part of the body most frequently affected with cancer, next to the female breast and uterus, is undoubtedly the tongue. There is no part at which it is more necessary for the surgeon to make an early and critical diagnosis than in ulcers and nodules that occur and so frequently present themselves to our notice than those situated on the tongue.

At the Cancer Hospital, of a total of 2227 cases of cancer which I have collected and analyzed as occurring in patients at that hospital during the last ten years, the tongue has been the seat of the disease in 190 cases, or at the rate of 8.5 per cent. The mammæ were attacked, the left in 300 cases, the right in 315 cases. Both breasts were the seat of the disease in 25 cases, and the breast and axilla in 49 cases, making a total of 697 cases so affected, or at the rate of 31.3 per cent.

The uterus was attacked in 274 cases, or at the rate of 12.3 per cent.

We cannot do better than compare these figures with those collected by Dr. Sibley, Sir James Paget, Von Winiwarter, Dr. Morris, and Dr. Arthur Barker, and it is interesting and satisfactory to observe how nearly similar the total results of these observers are with my own. In Dr. Barker's 343 cases he noticed as many as 16.3 per cent. of cases of cancer of the tongue, whereas Dr. Sibley in 520 cases found the tongue affected in only 2.6 per cent. Sir James Paget obtained a result of 6 per cent., Von Winiwarter 8.3 per cent., and Dr. Morris in 501 cases, collected at the Middlesex Hospital, found 7.1 per cent. In the gross number collected by all of these surgeons, amounting to 2412 cases, we have a result of 8 per cent. of cases of cancer of the tongue.

| | Dr. Sibley. 520 cases. 1853–1856. | Sir James Paget. 500 cases. 1843–1861. | Von Winiwarter. 548 cases. 1867–1876. | Dr. A. Barker. 343 cases. 1871–1881. | Dr. Morris. 501 cases. 1872–1881. | Dr. Jessett. 2227 cases. 1872–1881. |
|---|---|---|---|---|---|---|
| Breast | 36.5 | 55.2 | 32.4 | 36.7 | 51.4 | 31.3 |
| Tongue | 2.6 | 6.0 | 8.3 | 16.3 | 7.1 | 8.5 |

The total number of cases represented in the above table, exclusive of my own, amount to 2412, and give a percentage of tongue cases at 8 per cent., or only .5 per cent. less than those collected in my 2227.

One cannot but be struck, on examining the above tables, at the exceedingly low percentage of tongue cases in Dr. Sibley's list, and the very high rate in Dr. Barker's, whereas the percentage of cancer of the breast is the same. It is difficult to account for this, unless, as Dr. Barker suggests, many of the cases coming to University College Hospital are sent from Wales, and probably the miners may be more prone to cancer of the tongue than other people. I have been in correspondence with some of the medical men of Wales, but have failed to obtain any confirmation of this hypothesis. It is, however, suggestive, and a point well worthy of further inquiry. This very high death rate of Dr. Barker's is the more extraordinary, as we find the rates obtained by Sir James Paget, Von Winiwarter, Dr. Morris, and myself, practically the same.

On searching for a cause of the tongue being so frequently affected with cancer, one cannot be astonished that it should be a favorite seat

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of the disease, as there is no organ in the body which is subjected to such rough treatment, and from its structure and surroundings one can understand how suitable a situation it must be for the growth of the disease. It has, first, what we may call its natural enemies, carious and broken teeth, whose rough, sharp edges are constantly wounding and irritating it; the large quantities of tartar which so frequently collect around the teeth, especially the back of the lower incisors, is a constant source of irritation to the tip of the tongue.

Then there are the extraneous sources of irritation, among which may be classed false teeth, and plates which frequently fit very imperfectly, and are often, among the lower classes, made of inferior materials. Smoking is another common source of irritation, more particularly the short clay pipe, the tip of the tongue being constantly placed against and playing with the jagged end of the stem, causing, in the first instance, a blister or an excoriation. Ardent spirits is another cause, especially, as is too often the case, when taken neat. Hot condiments, pepper chillies, pickles, and the like, are also pungent substances that may well be classed among the irritants of the tongue. From these we may pass to the constitutional causes that are likely to favor the development of cancer of the tongue. Among these may be classed phthisis, syphilis, and heredity.

There is no doubt a large percentage of cases of cancer generally, and, therefore, in cancer of the tongue, the patients are at times the subjects of phthisis or have a phthisical history. We cannot, however, look at this as anything more than a coincidence, as undoubtedly there are a far larger number of people who have a phthisical history that never develop cancer. I am strongly of opinion, however, that if a patient contracted a tubercular ulcer of the tongue, that that ulcer is very likely to take upon itself all the characters of epithelioma, more so, certainly, than a simple ulcer. I should, therefore, in cases of tubercular ulcer, unless it speedily heals under treatment, strongly recommend its early removal. We must not, however, on this account fall into the error, should a malignant growth follow a tubercular ulcer, that the cause of the cancer was in any way connected with the phthisical diathesis of the patient, but merely the result of the irritation of the ulcer upon a debilitated constitution.

*Syphilis.*—Here, again, we have a specific poison in the system; and a fairly large percentage of cases suffering from epithelioma of the tongue have a history of syphilis; but then, on the other hand, as in phthisis, there are a far larger number of people with syphilitic taint who never have any malignant ulcer of the tongue, so I think here we have no right to say that the syphilitic poison has anything whatever to do with the production of cancer of the tongue. Here, however, as in phthisis, if the tongue is affected with syphilitic ulceration or gummata, there may be a very fruitful source of irritation, which may prove a good soil for the development of cancer.

*Heredity.*—How far heredity may be a predisposing cause of cancer of the tongue, I am not at present prepared to say, for I do feel, if there is any part of the body in which the local origin of cancer may be expected, it is in the tongue; but I am certainly inclined to think that people with an hereditary tendency, may be, and probably are, more prone to develop cancerous ulcers from local irritations than persons who have no such tendency.

A case which made a very strong impression upon my mind, presented himself to me only a few weeks ago. A man, æt. 60, came with a large epitheliomatous ulcer of his lower lip, with extensive affection of the glands of the neck and submaxillary region. He had the following family history: His father had cancer of the penis, which was amputated in Bartholomew's Hospital; he died, aged 63, from secondary deposits in his liver and other organs. His mother died of cancer of the uterus. His uncle, on his father's side, died of cancer of the tongue, which was removed at the London Hospital. His aunt, on his father's side, had cancer of the breast, which was amputated, and she died of cancer and secondary deposits. This is very extraordinary and exceptional history, but do not exceptions often prove the rule? And I think the most sceptical will hardly say that here was not a case where cancer was distinctly inherited, or that it was a mere coincidence.

*Diagnosis.*—That it is often most difficult to diagnose with certainty between tubercular ulcer, a syphilitic ulcer, and a malignant ulcer, I think every one will admit. But how essential that we should be able to do so! An authority on this subject has said he can, by scraping an ulcer and examining the débris

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under the microscope, in most cases, determine the true nature of the ulcer. I confess I cannot, and many surgeons whom I have asked have told me they have failed also. I would nevertheless, however, in any case of doubt, recommend this plan to be adopted.

Such being the case, I would in all cases of suspicious ulcer of the tongue, if after ten days or a fortnight's treatment it did not commence to heal or assume a healthy appearance, strongly advise the excision of the ulcer. Should it prove after its removal to be innocent, I should know my patient was not a bit the worse for its loss, while he would have been prevented from running the risk of further mischief.

*Ichthyosis*, as shown by Dr. Morris, in his admirable paper read before this society during the session of 1882, is a fruitful source of epithelioma of the tongue. Dr. Morris entered so fully into this at that time, that it would be superfluous for me to take up your time by more than alluding to it and saying how fully I indorse his views.

*Age* plays, I think, a very prominent part in our diagnosis. If a patient over forty presents himself to our notice with a papillomatous infiltration, no matter how limited, and there is no visible local cause of irritation, we must look with considerable suspicion upon such a nodule, and, further, if such a nodule or ulcer does not disappear or diminish in size in the course of a few days or a fortnight, we may be so certain of its character as to warrant our excising it as speedily as possible. The oldest patient I can find recorded in the Cancer Hospital out of the 190 cases I have collected, is seventy-nine, and the youngest, thirty-two; the average age of the whole number is fifty-two years. I should here like to take the opportunity of thanking all my colleagues at the Cancer Hospital for their courtesy in allowing me to make use of their cases for the purposes of this paper, likewise to Mr. Briscoe, the House Surgeon, who has kindly made an abstract of the fifty cases I place before you. In the total of 133 cases collected by Dr. Gross, he found 82 were above fifty years of age, and 51 under that age. The oldest was seventy-eight years of age and the youngest twenty-nine. In 58 cases collected by Dr. Whitehead, the oldest was seventy-six and the youngest thirty.

*Treatment.*—With regard to the treatment of cancer of the tongue, I fear I have nothing new to bring before you. That no drug has yet been discovered to relieve in the least this terrible disease is well known to you, but if cancer is, as I firmly believe it to be, a constitutional, and not a purely local disease, if, I say, such is the case, the time may, and probably will arrive when some drug will be discovered which will arrest, if not cure, cancer. At present, however, we can only deal with the question of how, with our present knowledge, we can best relieve patients who come under our notice.

The early removal of all nodules or ulcers of the tongue cannot be too strongly insisted on; for, as I have said before, if after its removal it is found to be innocent, how much the worse is the patient for its loss? Not one iota!

It is, unfortunately, very rarely that we are able to see patients at this early stage, and when we do it is very difficult to imbue them with the gravity of the import of these small nodules or ulcers, until the former have ulcerated, and they have infiltrated deeply into the substance of the tongue, but still, up to this point, if the glands of the neck and submaxillary region remain free, much can be done by the removal of the diseased tissues.

The ulcerated surface is generally on one side or the other of the middle line, and I think a very important point to be observed in removing the diseased portion, is to excise it sufficiently wide, and another is to divide the tongue a little to the opposite side of the middle line to that in which the disease is situated, and remove it as far back as possible.

The stage, however, in which we most frequently meet with cases, is when the disease has spread considerably into the tongue substance, and the submaxillary and cervical glands are affected with the disease, and the floor of the mouth deeply affected. In these cases much can be done to alleviate the sufferings of the patient by removing the diseased mass from the mouth, as often the wound heals fairly well. If the case has gone so far as not to admit of this being done, much may be done to relieve the suffering by dividing the gustatory nerve opposite the last molar tooth, as by this means the pain will be allayed, and it has been shown that the secretion of saliva is considerably diminished. The mouth should be kept constantly irrigated with some antiseptic solution.

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*Operations.*—I will now turn for a few minutes to consider the different operations that have been proposed and practised for the removal of the tongue. I do not propose to describe each operation in detail, as it would take up too much time; moreover they are doubtless familiar to most of you. But I shall compare the results of the operations by different methods, and endeavor to arrive at some conclusion as to which is the best for particular cases.

The practice of removal of the whole or a part of the tongue has been adopted by surgeons as early as 1658, but it was not until the commencement of the present century, say 1805, that the operation was performed in any definite form, when Inglis attempted to strangulate the diseased part by means of a ligature passed around, the diseased part being kept in position by means of pins, which were made to transfix the tongue behind the disease. In 1827 Major split the tongue down the centre, and applied a ligature around the diseased half with the same object. In 1833 Wenault introduced the preliminary ligature of the lingual artery. In 1831 Jæger suggested and practised dividing the cheek. In 1836 Brown first introduced the division of the lower jaw and lip in the middle line. This method was afterwards adopted by Seidelblot in 1844, and Squire in 1862. Then, in 1865, Langenbeck divided the lower jaw opposite the first molar tooth, in order to gain free access to the side of the mouth. In 1838 Negnoli opened the floor of the mouth from below by an incision from the middle of the hyoid bone to the clissa, ending in another semilunar incision along the border of the jaw, the tongue then drawn through the opening thus made. Belliott, in 1871, modified this by uniting the median incision and extending the lateral ones.

[Concluded in May number.]

## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

THE papulæ merit undoubtedly the appellation of lichen planus, they probably do so more than any other form of lichen papulæ. But while I wish to limit this term, Lichen planus, to the characteristic type of lichen just described, I must insist upon a different appellation for another variety, especially in England and France, also comprehended under the general term of lichen planus. I mean those papules, which, with a diameter of from 4 to 5 mm., evince a waxlike transparency, and which appear isolated and without scales. They must be distinguished from another variety where the papules are similarly constituted but much smaller, having a diameter of but ½ to 1½ mm., and the result of which are the well-known lichen plaques with a central discolored pit. I propose to call the former variety in distinction, on one side, of the pointed; on the other side of the flat papules, the obtuse; therefore lichen obtusus. I have observed some typical cases of this type, some of them pure, others complicated with other forms.

Lichen obtusus generally appears isolated, and only here and there in spots sprinkled over large surfaces, and is never found confluent as lichen planus, even if a number of the papules have accumulated on one spot. At the most five or six obtuse papules, standing very near to each other, may form one plaque, in consequence of the swelling of the intervening healthy skin. They are never covered with scales and itch only at the start. They are very stubborn, resist treatment, and leave deeply-brown, pigmented, somewhat depressed spots. Sometimes we find in the middle of these planus spots, as I shall explain later, at irregular places, a bluish-white point, which, when raised, appears as a concentric layer of epidermic tissue, and corresponds to a sweat follicle. If cauterized, a sharply defined small hole results. The obtuse papules evince no intimate connection with the hair follicles. For the sake of clearer demonstration I add the following cases:—

November 18, 1881, a bricklayer brought his six-year old daughter to the clinic. She had over the whole body a papular eruption. Both parents and three sisters of the patient enjoyed good health and no case of a skin disease had ever happened in the family. A fortnight ago there appeared the first small red papules on both forearms and wrists, afterwards on the lower legs and the dorsal surface of the feet. About a week later they broke out all over,—but sparingly in the abdomen and chest, but profusely on the face. The child was well-nourished, though somewhat pale, and during the last few days the appetite had decidedly diminished and the girl had not slept well.

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To judge from the scratching, the itching had been insignificant. The papules were, for the most part, rather large, up to about the size of pepper or of a pea, bluish-red, waxy, translucent, and without any scales, but they were provided with a plainly visible central depression, very resistant to the touch, and on the forearms, where they had first shown themselves, they were so profuse that the skin appeared decidedly thickened. Nowhere was the least indication of inflammation, œdema, eczema, or glandular swelling. It was therefore a typical case of the large, but not pointed, though elevated form of "lichen ruber," which forms the transition to the perfectly level lichen spots, which gradually enlarge toward the periphery, have no central pit, and evince fine scales. Treatment consisted in the local application of zinc ointment with two per cent. carbolic acid and one per cent. of corrosive sublimate. This was rubbed into the skin of the arms, legs, and face. The eruption already disappeared during the first week on the face; on the extremities there were visible towards the end of the second week only bluish-gray spots, papules could be recognized no longer. The child was discharged, and a few weeks later the skin had resumed all over its normal healthy appearance. Arsenic was not administered at any time of the treatment.

The above case is a typical one of "lichen ruber." I may mention as remarkable, that in early childhood I have never met with any other form of lichen. The genuine lichen acuminatus seems to be as rare at this age as the true lichen planus. In the next case we will find this form accompanied with lichen acuminatus and planus.

A. W., engineer, æt. 30, consulted me June 22, 1881. About a week previous, while he was suffering from the great heat, and profusely perspiring, he had noticed, first on the hand and on the right lower leg, over which he wore by the advice of another physician, on account of varicose veins, an elastic stocking, small, red, itching papules. The patient was of medium height, slim build, and had remarkable light blonde hair, pale complexion, and very tender skin. He was very nervous, and said that when very much occupied he always felt nervous, and especially sensitive to the least noise. The papular eruption had rapidly spread from the extremities to the rest of the body, but most of it was on the arms and on the right lower leg. The papules nearly all belonged to the obtuse type; were therefore smooth at the point, translucent, mostly scaleless, and often provided with a scarcely visible pit. There were many papules; were near together; some pointed ones were also seen, while on the hairy covering of the head, besides a moderate pityriasis, some level red spots of the size of a split pea were present, which greatly resembled the beginning of lichen planus. Besides the Asiatic pills, the external treatment was varied during the first few weeks. Chrysophanic acid proved useless, and on symmetrical parts of the body, washes were then employed for the purpose of comparing results; on one side with a two per cent. solution of carbolic acid, on the other with a two per cent. solution of corrosive sublimate. The washings with the sublimate solution gave by far the best result, and after July 13th I limited the treatment to the local application of lead-water containing one-quarter per cent. of sublimate over the whole body.

After July 26th the patient took twelve sublimate two per cent. baths, and under the combined treatment of arsenic internally and sublimate locally the eruption disappeared, and the skin assumed in August its normal condition. After August 7th I had the skin made more pliable by the rubbing in of carbolized oil, and administered from three to nine Asiatic pills daily, so that until September 17th 400 pills had been taken, when I discontinued them, as the first indications of arsenical poisoning showed themselves. I then ordered the anæmic patient to take sea-baths until November 11th, when he had completely recovered and seemed to enjoy the best of health. Still as a matter of precaution, though for five months no relapse of the eruption had occurred, I administered the Asiatic pills for another month. The good effect of corrosive sublimate, combined with carbolized zinc ointment, induced me to treat the next patient in the same manner from the very beginning.

In this manner my method of the zinc carbol. sublimate inunction cure of the universal lichen ruber acuminatus developed itself, and it is to-day still one of the best treatments of it. In the case just reported, I believed I had protected the patient against any possible relapse by the long-continued after treatment with arsenic. I was therefore not a little surprised when a whole year later he again showed himself with a well-characterized lichen

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planus of the hairy covering of the head. It is probable that some few spots had been concealed under the hair and escaped observation. The patient did not care to pass through the whole inunction cure, especially as a wash of sublimate spiritus seemed to give him prompt relief. I saw him again a year later, and, besides a few spots on the forearm, which promptly yielded to the zinc carbol. sublimate salve, his whole body was free from eruption. I then lost sight of him, until I met him at another place by accident. He had, meanwhile, become rather bald, but with the exception of two or three suspicious gray spots on the hairy covering of the head, no sign of the disease was left. The patient assured me that it was his own fault that he had even the few spots, as the regular use of the wash always promptly put an end to them, but he had neglected it of late.

Even in this case, where the whole body was covered with lichen papules, I was not able to observe the development of the planus efflorescences from the small groups of papules. But I have noted their enlargement at the periphery without their coalescing so frequently, that I do not hesitate, notwithstanding all school teaching to the contrary, to declare, that this form of lichen planus is characterized by a peripheral growth, while the papules of obtusus variety do so very little, and those of acuminatus not at all.

The following case also shows the presence at one and the same time of all three varieties of "lichen ruber":

VII.—Miss M. D., æt. 24, never before had a skin disease; enjoys the most robust health, and of strong build; machine seamstress. She first observed at Christmas, 1881, on the forehead, a flat, slightly itching, red spot. Soon a few other red, round spots appeared on the face, while the first one increased in size. Two weeks later, an eruption, consisting of small, red elevated papules, suddenly broke out all over the body. February 5th the patient entered my clinic. The whole body, the hairy covering of the head, face, and hands not excepted, was literally covered with small lichen papules, which were partly brown, partly light-red, mostly smooth and scaleless.

On arms and legs, these papules mostly presented the conical form of the scaled acuminatus, and were the size of mustard-seed on the neck and the abdomen; and on the inner surface of joints and in the face they were more round, and the size of a pea, were broader at their base, and frequently evinced on their scaleless top a small depression. As the third variety there were noticed four large (of the size of a silver quarter and more), more oval, brown-red, flat spots, which were covered with a fine tissue scale, and presented the genuine lichen planus. Three of them had their seat on the abdomen, the fourth was identical with the first spot on the forehead. The hairy part of the head was covered with white scabs. The patient complained of want of appetite, general lassitude, and itching and burning of the slightly reddened conjunctiva. The itching in general was not so severe as in grave cases, but still severe enough to have deprived the patient for a whole week of her sleep. This itching seemed to be limited to the new crop of papules, the older efflorescences scarcely itched. From February 5th to February 19, 1882, the patient was kept day and night wrapped up in flannel blankets, and under the influence of the inunction salve, which was rubbed into the skin twice daily: Ungt. zinci benz. 500.0, sublimate 1.0, acid carbol. 20.0.—M. To the hairy covering of the head this salve was also applied once daily. Baths were not administered, but a frequent use was made of a mouth-wash of chlorate of potash.

The first night in the clinic the patient already slept better, and on the fourth day all itching, and therefore also the outbreak of new crops, had ceased. Appetite and general health were excellent. Only the four large planus spots did not yield to the salve, and were therefore covered with an arsenic gauze. At the end of the cure they, like all other efflorescences, appeared only as bluish-gray spots. The whole skin had a spotted appearance, but of the brown pigment of chronic lichen nothing could be seen. During the two weeks two drops of Fowler's solution had also been administered three times daily, to prepare the patient for the larger doses that were expected to be given during the long cure. These few small doses had evidently no influence on the rapid cure, which must be ascribed to the local treatment alone; later, when I attended her mother, I saw the patient again. There was no eruption of the skin visible.

In this case which, considering the presence of all three varieties, may well be called a clas-

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sical one, it seemed to me that the acuminated form seemed to select more the extensor surfaces, and especially the hair follicles, while the obtusus variety had its seat more on the flexor surfaces, and especially around the sweat follicles. This is the reason, that the latter appear often with a central pit, the former provided with a lanugo hair. It also is remarkable that the acute eruption appeared in this case as a secondary affair; the spot having preceded it for some time.

But with this the polymorphy of "lichen" is by no means exhausted. Hebra taught that "lichen" consists only of papules, which during the whole period of their existence never experience a metamorphosis into vesicles or pustules. This classification has had a great value for diagnostic purposes, and will probably be justly continued, even if we have to admit that occasionally larger, *bullous* efflorescences may also present the picture of "lichen," and therefore greatly complicate this skin disease.

I still remember the surprise which I felt when Morrant Baker asked me at the International Congress in London, whether I had ever seen pemphigus bullæ in a case of "lichen." I thought I had to reply no, but soon afterwards I remembered that I had noticed an occurrence of this kind just before my departure for England. The case was as follows.

[To be continued.]

## *MIDWIFERY EXPERIENCES.*

### No. I.

### CÆSAREAN SECTION: A CASE AND ITS LESSON.

BY THOMAS M. DOLAN, M.D.,

Fellow Obstetrical Society, London; Fellow Medical Society, London (Fothergillian Medalist); Boylston Prize Essayist, Harvard, U. S.

[Concluded from last number.]

THE first lesson is that food should not be given by the mouth for two or three days, even though the patient is doing well, owing to the danger of exciting vomiting. This is found, I believe, to be the best practice in ovarian cases.

II. If we look at the list of cases published, sutures have been frequently inserted in the uterine wound, though Davis says,* "No suture should be applied to the uterus, its contractions alone being sufficient to close the wound, while sutures through its walls would be extremely hazardous." Yet Sir Spencer Wells, in a successful case, employed sutures continuously. In case 120, under the care of Dr. Walter, fine carbolized catgut sutures were used to the uterine wound, and we see the patient recovered. In my case, owing to the succession of vomiting, the sutures gave way. Had the wound been left unsutured the same result would have followed, the blood would have come through. I think it would be better in all cases to use the continuous suture, as less likely to yield.

III. If we again analyze the cases, we find the great cause of death is peritonitis. There is every reason to believe that this is set up by uterine exudation. In many cases a clot has been the primary cause of disturbances, so that Porro's operation of utero-ovarian amputation, *prima facie*—supported as it is by statistics—suggests itself as the appropriate adjunct of Cæsarean section.

IV. If we look at our statistics in bulk, we find one striking feature, viz: That cases in the country have done very well. We must allow for this good air, good constitution, apart from surgical skill. If, however, we examine some of the successful cases, we shall find that some of our preconceived ideas as to the value of pure air and other requirements in this class of cases, are rudely shaken. Thus, for instance, if we look at the details of a case under the care of Dr. McClement Gray, we find that the operation was performed on a single woman four feet in height, age forty-one, and that the operation was done in the cottage, in which the patient lived, situated in a small yard off the main street, in New Market (England). Dr. Gray says (Brit. Med. Jour., Vol. II. 1883, p. 727), "The drainage and ventilation were very defective, the bed-room in which the operation was performed was barely large enough for myself and four medical friends who gave their assistance. The wretched apartment was so close and the weather so sultry that we were obliged to keep the window open during the operation. The patient was placed on a common deal board in a half-sitting posture. The bowels and bladder having been emptied, Mr. Hutchinson proceeded to use the ether spray. The fœtus weighed seven pounds and had been dead a week. Five equi-distant wire sutures, including the peritoneum, brought the wound together, which was covered with a compress of lint, supported with bands of adhesive plaster and a broad bandage. . . . . .

* Parturition and its Difficulties.

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I was amazed to find on the following day five children down with the measles, in the only available room for the use of the family, eight in number; a narrow stairs connecting this with the dwarf's room above, which thus received the foul air from the lower apartment.

"The diet consisted of milk, and from first to last no stimulant was given. The patient had no nursing beyond that given by a neighbor, who ran in and out when she could spare time, but I watched her with the closest attention."

Mr. Gray very truly says, "This case, performed under the most disadvantageous circumstances, without antiseptic precautions, and amid the most unsanitary conditions, is probably unique of its kind."

It certainly is. When we consider that Cæsarean section has been fatal in the hands of surgeons of the highest eminence, who have carefully guarded their patients by the strictest precautions as to the temperature of the room, antiseptic measures, skilled nursing, special attention of every kind, we must come to the conclusion that there is no scientific basis for Cæsarean section as at present performed, and that we yet must seek for the cause of failure. It may be true that we have found it in the retention of the uterus, and that Porro's operation may be the key to success, but upon this point the profession is not yet agreed, so that it is to be hoped that at the next International Congress, at Washington, we may have some papers on this subject, and the latest statistics.

V. Opinion is divided as to whether a drainage tube should be inserted or not. My opinion is that a drainage tube is quite unnecessary; in place of assisting, it may act as an obstruction to the flow. It soon becomes clogged up, and unless continually cleaned by injections will not carry any fluid off.

VI. I have alluded to Porro's operation as the completement of Cæsarean section. In Great Britain the opinion of obstetricians seems to be growing in its favor, and we have already several cases on record in which it has been performed, though not with success.

In the Brit. Med. Jour., Vol. I. 1881, pp. 910, 956, there is a very good *résumé* of facts bearing on Porro's operation, by Professor Simpson (Edinburgh), from which it appears that up to that date thirty mothers had been saved by the operation and forty-two lost, with fifty-seven children saved, fourteen lost. Very gratifying statistics indeed, when compared with the result of Cæsarean section as ordinarily performed. More recent statistics give even better results.

Professor Simpson lost his patient, but the child lived. None the less does he seem to be in favor of the operation, more particularly as out of eighteen cases of Cæsarean section performed in Scotland, not a single mother had survived.

In the Brit. Med. Jour., Vol. I. 1884, p. 142, there is the most complete paper on the subject yet published in England, from the pen of Dr. Clement Godson. It was read in the section of obstetric medicine at the Belfast meeting of the British Medical Association. It gives a record of one hundred and thirty-four operations, representing fifty-nine recoveries and seventy-five deaths. He says, "The first idea will not be altogether favorable. But," he adds, "in comparing these results with those of the old Cæsarean operations, I would call attention to the following astounding facts. In the Vienna Hospital, for one hundred years, there had not been a recovery after Cæsarean section, whereas, recently, in three cases of Porro's operation, performed, in one week by Professor Carl Braun, all of the patients recovered. In Italy, the old Cæsarean operation was always fatal. Professor Cluain, of Milan, states that out of sixty-two cases reported on by Porro, Lazzalin, Breli, and himself, only three recovered. On the other hand, nearly half, twenty-three out of fifty-three of the Porro operations here have been successful, notwithstanding that the operation has been performed by as many as thirty-five different surgeons. In our own city, London, I know that our late colleague, Dr. Greenbaugh, performed Cæsarean section ten times with only one recovery, while I have myself seen it performed by four different operators, every case proving fatal."

The most telling evidence in favor of the operation is conveyed in a letter from Dr. Godson in the British Medical Journal, January 26, 1884, page 192, detailing its results in the hands of these men, as follows:

| | Cases. | Recoveries. | Death. |
|---|---|---|---|
| Professor Porro, Milan | 5 | 4 | 1 |
| Professor Braisky, Prague | 4 | 4 | 0 |
| Dr. Yehling, Stutgart | 4 | 3 | 1 |
| Total | 13 | 11 | 2 |

Dr. Godson is to be congratulated as the

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only successful performer of a Porro operation in Great Britain. It having failed in the hands of Dr. Heywood Smith and Dr. Grigg. Utero-ovarian amputation has been performed in Great Britain by Dr. Savage, but as Dr. Godson says (Brit. Med. Jour., 1884, p. 341), "Dr. Savage's were not Porro operations, and are not included in my tables as such, for the very reason that they were performed before the fœtus had reached the viable period. Porro's operation is particularly directed to saving the life of the child as well as that of the mother."

In midwifery practice I have always held that we owe responsibility to the child as well as the mother, and that we cannot either bring on abortion, or perform craniotomy or any other operative procedure on the child at our own discretion, and Dr. Godson's words strengthen my preconceived ideas.

I operated on the old lines, in the hope of saving both child and mother, by a method which has been successful, and which has received the sanction of some of our best obstetricians. I was well aware of Porro's operation, having translated* from La France Medicale, at the time, particulars of two Porro operations performed by M. Tarnier. I, however, thought Cæsarean section, pure and simple, would afford my patient a good chance of recovery. The cause of death in my case would not have occurred if Porro's operation had been performed, though the patient might have died from shock, hemorrhage, or septicæmia. In any future case I should certainly advise Porro's operation. The time has come for our obstetrical societies to thoroughly settle this question, and lay down rules for the guidance of general practitioners in those cases, where, through deformity, it is impossible to deliver *per vias naturale*. We want a definite pronunciamento, which I put in the form of questions.

1st. Should Cæsarean section on the old lines be totally abandoned, and utero-ovarian amputation be always added to it?

2d. Should the pregnant, deformed, or otherwise diseased woman be always allowed to go to her full time so as to produce a living child? To both these questions I answer, yes.

PROFESSOR BARTHOLOW has been elected a member of the Societe Medico Pratique De Paris.

* Medical Press and Circular,—"Cæsarean Section; Removal of Uterus and Appendages."

# THERAPEUTIC NOTES.

### INTRA-PULMONARY INJECTIONS OF IODINE IN PHTHISIS.

Dr. Beverly Robinson recently read a paper before the Practitioners' Society (Medical Record) on the advantages of intra-pulmonary injections of iodine in cases of phthisis. This method of treatment was first brought to the attention of the profession by Professor William Pepper, in 1874. It has not, however, come into general use, although its value as an auxiliary to the systematic treatment has been repeatedly proved by the most competent observers. In Dr. Robinson's first series of seven cases the results were negative. In his second series of eleven cases, its good effects were more marked. Six of the patients were certainly benefited with respect to their cough and breathing; the cough became less frequent and intense, the breathing became easier, and sleep was rendered more comfortable. In three other cases the expectoration was notably diminished, and in one case the severe localized pain was lessened.

Dr. Robinson considers it advisable to inject the consolidated lung tissue, as well as the cavities with the view of procuring resorption. In concluding his paper, he predicts that by a combination of supra-alimentation, continuous dry inhalations, and intra-pulmonary injections, many patients will yet be saved, who with the usual remedies would certainly die.

### TREATMENT OF SPRAINS.

Professor Brinton says the best result will be obtained in the treatment of severe sprains by placing the affected limb at once in a vessel of hot water, and keeping it there for about fifteen minutes. Boiling water is to be added from time to time to keep the temperature as hot as the patient can bear it. The limb is then to be lightly bandaged, placed at rest, and elevated, and lead-water and laudanum applied if there be much inflammation. After a few days of this treatment the swelling will begin to subside. The joint should then be immobilized by the plaster or silicate of soda dressing, and the patient permitted to walk a little every day. In chronic cases where there is tenderness and loss of power in the joint after even moderate exercise, great relief can be obtained by the application of a firm flannel bandage, and wearing a high laced shoe.

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### OSMIC ACID IN SCIATICA.

Dr. James Mercer (Lancet) reports the result of the hypodermatic use of osmic acid in eighteen cases of sciatica that had resisted all other known methods of treatment. He injected from three to five minims of a one per cent. solution deeply over the course of the sciatic nerve at a point midway between the tuber ischii and trochanter major. In twelve cases a complete cure was effected after from one to four injections. The remaining six patients were only temporarily relieved, but they stated that they were made more comfortable by it than by the hypodermatics of morphia. The injections of the osmic acid solutions were not followed by any constitutional symptoms. Locally, a feeling of numbness at the point of insertion was complained of. This, however, was only transient.

### CHLOROSIS.

Professor Bartholow's experience is confirmative of the truth of the theory recently advanced, that chlorosis is dependent upon a depression of the nervous centres. A typical case in illustration was recently presented before the Jefferson Clinic. The patient, a girl, æt. 20 years, had been taking iron and arsenic for a long time with but little benefit. She still had the characteristic chlorotic complexion. Her appetite remained poor. She suffered great distress after meals, and her bowels were markedly constipated, only averaging one passage a week.

Professor Bartholow directed her to take as a nerve-tonic, and as a stimulant to the primary assimilation—

℞. Strychnia sulph. . . gr. j.
Acidi phosphorici, dilut. . ʒj.

M. Sig.—Ten drops in water after meals.

For the constipation he directed her to take three times a day a pill composed of—

℞. Ext. nucis vomicæ . . gr. ¼.
Ext. physostigmæ . . gr. ¼.
Ext. belladonnæ . . gr. ¼.
Ext. aloes . . . gr. j.
Ferri sulphatis exsicc. . gr. j.

Under this treatment, her improvement was rapid.

### ASCARIDES VERMICULARIS.

Professor Bartholow attributes the frequent want of success in this troublesome affection to the fact that all the parasites and their ova are not destroyed. The common opinion is that they only infest the rectum. In reality though, they extend all along the colon even as far as the ileo-cæcal valve and are consequently beyond the reach of ordinary injections. The most effectual way to get rid of them is to irrigate the whole large intestine with a decoction of aloes or quassia. This can only be done by placing the patient in the knee and elbow position and slowly passing about two quarts of the injection into the bowel. Where this method is impracticable, a pill composed of equal parts of santonine and calomel should be given at night, and an ordinary rectal injection administered on the following morning.

The folds of skin and mucous membrane around the verge of the anus should be carefully sponged with a one per cent. solution of carbolic acid, to destroy any ova that may be there. Internally, tinct. ferri. chlor. ♏xx should be given four times a day to remove that saburral state of the intestinal canal which favors the development of the parasites.

### ACUTE PLEURISY.

In the first stage of acute pleurisy in young and vigorous adults, Professor DaCosta recommends the abstraction of eight to twelve ounces of blood by means of wet-cups. This is to be followed by the application of a large poultice over which a few drops of laudanum may be sprinkled. If wet-cupping be inadmissible, turpentine or mustard cloths should be placed over the affected side, and the patient made comfortable by small hypodermatic injections of morphia. Aconite should be administered to control the circulation, and the patient be kept gently under the influence of opium by small doses of pulv. Doverii.

After the effusion has occurred, neither cupping, nor turpentine, nor aconite, should be employed, as the heart is apt to be displaced and the circulation depressed. Digitalis should then be given for its stimulant and diuretic effects. Acetate of potash will also be found beneficial. In cases where the effusion lingers, Professor DaCosta recommends the administration of iodide of potash, combined with the external application of small, frequently-repeated blisters. Mercury at times will effect a cure when everything else has been tried in vain.

In those cases where the effusion is so overwhelming as to threaten life there is no other alternative but to tap or aspirate, to gain time.

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GONORRHŒA.

Professor Gross says no error is more common or more injurious than that of ordering a cubeb mixture and urethral injections for the early stage of gonorrhœa. The proper treatment is to put the patient in bed, and give him at once ʒij each of Epsom and Rochelle salts in syrup and soda water. This will insure four or five free evacuations within the next twelve hours. His diet should be restricted to milk, eggs, broths, and a few oysters; no meats, coffee, alcohol or malt liquors are to be allowed. He should be directed to bathe his penis three times a day in water as hot as can be borne, for five minutes at a time, and to take internally—

℞. Magnesii sulphatis . . ʒj.
Antimonii et potassii tart. gr. j.
Tinct. aconiti rad. . . ♏xxiv.
Potassii citratis . . ʒvj.
Syrupi simp. . . . ℥iij.
Aqua . . . . ℥iij.

M. Sig.—One tablespoonful in water three times a day.

This will control the inflammation and alkalinize the urine. If there be much burning during micturition, tinct. cannabis ind. ʒij may be added to the above prescription.

If chordee be anticipated, the patient should give the penis a prolonged hot bath before going to bed, and insert into the rectum a suppository composed of camphor gr. iij and ext. opii aq. gr. ij. If this treatment be carried out faithfully for four or five days, the pain on urination will be found to have disappeared, and the discharge will resemble laudable pus. Mild injections will then be found useful. Professor Gross frequently orders a solution of bichloride of mercury gr. ij to the pint, or liq. plumbi sub-acetatis ʒj, aqua ℥x, or plumbi acetatis gr. ij, zinci sulphatis gr. iij, aqua ℥j. Any of these injections can be used three times a day, but the hot water baths are to be still kept up. Copaiba or cubebs can be given with advantage also in this stage. A common prescription at the Jefferson College Dispensary is—

℞. Pulv. cubebs . . . ℥ij.
Aluminis . . . . ʒj.

M. Sig.—Half teaspoonful in water three times a day.

In private practice, Professor Gross usually directs two or three copahine capsules to be taken after each meal. Each capsule contains copaiba gr. v and cubebs gr. v, combined with a small quantity of nitric acid and magnesia, and is an elegant and effective way of administering these remedies.

PRURITUS VULVÆ.

Dr. Lombe Atthill recommends the following lotion in pruritus vulvæ:—

℞. Acid carbolici . . . gr. xx.
Tr. opii. . . . . ℥ss.
Acid hydrocyanici, dil. . ʒij.
Glycerini . . . . ℥ss.
Aquam q. s. ad. . . ℥iv.

M. This is to be applied by means of a piece of cotton thoroughly saturated with it and left in contact with the parts.

PHENOL CAMPHOR.

Dr. Theodore Schaefer (Peoria Medical Monthly) applies the name phenol-camphor to a compound of equal parts of camphor and heated crystallized carbolic acid. A clear and permanent liquid is the result, which has the odor of camphor, and appears to be devoid of the irritating qualities of carbolic acid. It is insoluble in glycerine and water, but freely soluble in alcohol, ether, chloroform, and the volatile oils. It has been used with success in parasitic skin-eruptions and also as a local anæsthetic to relieve the pain of ingrowing toenails. Dr. Schaefer has also found it efficient in odontalgia as the best application to the cavities of carious teeth.

SICK-HEADACHE.

Dr. W. Gill Wylie (New York Medical Journal) has obtained excellent results in sick-headache from the following method of treatment: As soon as the first pain is felt the patient is directed to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour, until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache, as such, is almost invariably cut short by this plan.

A PERMANENT SURGICAL DRESSING.

M. Marc Sée contributes an article upon this subject to the "Bull. de l'Acad. de méd." (New York Medical Journal), in which he details the results of his method of treatment in several cases. His mode of procedure is, briefly, as follows: After finishing an operation, and just before tying the sutures, he sprinkles over the surface of the wound about a drachm of subnitrate of bismuth, which at once stops

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the oozing by forming a thin, dry layer, occluding the mouths of the small vessels. After introducing a drainage-tube, he closes the wound with quilled sutures, small rolls of iodoform gauze being substituted for the ordinary quills. The line of incision is then covered with a layer of bismuth, and a dressing of carbolized gauze is applied. It is not necessary to disturb this dressing until it is time to remove the sutures or drainage tube. The advantages asserted for bismuth are its cleanliness, its property of absorbing fluids, the fact that it does not act as a foreign body when interposed between the lips of a wound, and, lastly, its cheapness. Stress is laid particularly upon the fact that it is rarely necessary to disturb the dressings during the process of healing.

### PARALDEHYDE AS A HYPNOTIC.

Dr. S. A. K. Strahan (Lancet) says that paraldehyde is an equally sure hypnotic with chloral, and does not in any case produce excitement before sleep, or leave any headache or other unpleasant symptoms on awakening, and it does not affect the appetite. These are all matters of importance; but there is another advantage which it possesses over chloral which at once gives it a place among our most useful hypnotics, and that is the absence of any depressing or paralyzing action on the heart. This absence of action upon the cardiac centre permits of its being given with perfect safety to general paralytics and others to whom chloral would only be given with the greatest caution and with constant anxiety as to the result of even small doses. Dr. Strahan has employed it over 150 times in about twenty-five cases, and found but two patients who did not respond to medium doses of the drug. One of these was suffering from acute mania, and the other from severe facial neuralgia. He has given it in mania, acute and chronic, melancholia, dementia, the various stages of general paralysis, during those periods of restlessness and sleeplessness so often met with in idiots and imbeciles, and in simple insomnia, and found it almost invariably a certain somniferent. It acts more quickly than chloral. When a dose is taken a feeling of warmth, a kind of grateful glow, is experienced, and the patient is often asleep within ten or fifteen minutes. When it does not produce sleep it does not excite, but rather tends to soothe and calm an excited or depressed patient.

The sleep induced by it is a nearer approach to natural sleep than that obtained by the administration of any other drug. It is light, apparently dreamless, and certainly refreshing; the patient can at any time be awakened by a loud word or a gentle shake, and when so aroused does not display any alarm or confusion of ideas, and if left alone at once falls to sleep again. No headache or other unpleasant symptom is experienced on waking, and the appetite is not injured even by the daily exhibition of the drug for considerable periods—in one of my cases for over three weeks.

The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose repeated within an hour, is much more effective than a single large dose.

### MULLEIN IN CONSUMPTION.

Dr. F. J. B. Quinlan (British Medical Journal) claims that mullein root in the early stages of phthisis is weight-increasing and curative to a greater extent than any other agent, not even excepting cod-liver oil. It is best administered in a decoction of milk. In this form it will be found soothing and cordial, and really liked by the great majority of patients. In the later stages of phthisis it is of benefit in relieving the cough and preventing the diarrhœa. Among the cases mentioned by Dr. Quinlan, as illustrative of its value, is that of a shepherd, who, after suffering for many years from a winter cough, had to give up work and was taken into the hospital, where he was kept for three months. He was then discharged as incurable, and went home to die. A neighbor persuaded him to try the mullein-plant. He boiled a pound of the root in two quarts of water until it was reduced to one quart, and took half a wineglassful three or four times a day. His cough was very soon relieved, and he rapidly gained strength and increased in weight, and was able to resume work. He has had many a winter cough since, but it soon yields to his old remedy.

### DRY CUPPING IN THE TREATMENT OF ANTHRAX.

Dr. E. I. Thorn (Medical Record) claims that this method is far superior to the old treatment of carbuncle. He writes: "Upon the appearance of one or more of the small ulcers at the apex of the tumor, apply the cup after inserting a lighted taper moistened in tur-

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pentine. In a moment this will open the cells, and there will exude into the cup a teaspoonful, more or less, of sanious pus. Follow this operation with poultices to keep up the discharge, and in a few days the carbuncle will disappear. In this way we avoid from three to six weeks of suffering, and the constitutional results of the usual protracted illness."

### GASTRODYNIA.

Dr. John W. Martin (Medical Press) reports an obstinate case of gastrodynia which was finally cured by the administration of—

℞. Sodæ bicarb. . . . ʒiss.
Tr. nucis vom. . . . ♏xl.
Liq. morph. . . . . ʒj.
Sp. am. aromat. . . . ʒiss.
Syrupi zingib. . . . ℥j.
Aquæ menth. pip. ad. . . ℥viij.
M. Sig.—Two tablespoonfuls four times a day.

### PERTUSSIS.

Professor G. L. Magruder (American Journal of Obstetrics) reports four cases of pertussis in which the paroxysms of coughing were lessened in severity and frequency, the distressing vomiting prevented, and uninterrupted sleep obtained at night by the use of—

℞. Auri et sodii chloridi . . gr. ij.
Aquæ distill. . . . ℥j.
M. Sig.—Five drops every two hours.

### INTESTINAL HEMORRHAGE.

Richard Halpin, M. R. C. S (British Medical Journal) reports the following case, illustrative of the value of hamamelis in intestinal hemorrhage. The patient, a cabinet-maker, æt. 44, had been subject for eight years to bleeding from the rectum. The hemorrhage was periodic, coming on in alternate months, lasting four weeks at a time. The blood was passed in the morning, immediately after the bowels had been relieved. It was bright red in color, usually fluid, but sometimes coagulated, and amounted to about two ounces. The patient's general health suffering considerably, he was reduced to a condition of great debility, and was forced to seek advice at St. Bartholomew's Hospital. He was found, on examination, to be free from piles, fistulæ, etc., and was treated with little or no benefit as an out-patient. In November, he was admitted as an in-patient at the Royal Hospital for Thoracic Disease, and was found to have taken almost every drug in the Pharmacopœia; but the hemorrhage still continued. Knowing the value of hamamelis in these cases, it occurred to Dr. Halpin that the aqueous distillate of the fresh bark known as hazeline might be of use, and he accordingly injected an ounce, diluted with a small quantity of water, into the patient's rectum, giving at the same time half a drachm by mouth every three hours. The bleeding was at once arrested, and, although he remained for some weeks under observation, there was no return of his old trouble.

Dr. Halpin has obtained equally good results from the use of hamamelis in cases of pulmonary hemorrhage.

### QUINOLINE IN DIPHTHERIA.

Seiffert (Berlin. klin. Wchnschr.; Union Méd.) has used tartrate of quinoline somewhat extensively in diphtheria. He employs topical applications of a five per cent. solution, and states that its use is followed by a fall in the temperature and an improvement in the local and general condition.—*New York Medical Journal.*

### AN OINTMENT FOR ECZEMA OF THE EYE-LIDS.

Galezowski (Union Méd.) proposes the following:—

℞. Oil of cade . . . ♏iv.
Red precipitate . . . gr. 1⅓.
Camphor . . . . gr. iv.
Vaseline . . . . ʒiiss.

Apply to the eczematous patches on the nose and lids of scrofulous children.—*Ibid.*

### AN ANTISEPTIC MOUTH WASH.

Magitot (*Ibid.*) suggests the following—

℞. Borate of sodium . . gr. xv.
Thymol . . . . gr. viij.
Distilled water . . . O.

The mouth is to be washed several times daily, to correct fetor of the breath. The solution also acts as a local anæsthetic in cases of decayed teeth.

### AN APPLICATION FOR ELYTRITIS.

Sigmund (*Ibid.*) uses this glycerite—

℞. Iodine . . . . gr. 1¼.
Iodide of potassium . gr. vij to xiv.
Glycerin . . . ʒv.

Tampons saturated with the solution are to be introduced into the vagina.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, April, 1885.

## *INTRA-CAPSULAR FRACTURE OF THE NECK OF THE FEMUR.*

THE tradition has been handed down from time immemorial that bony union after intra-capsular fracture of the femoral neck is impossible. Nature, it is stated, refuses to furnish the material necessary for repair. She realizes that if a superabundance of callus were thrown out, the synovial cavity would become filled, and anchylosis result. Not wishing to involve the patient in the trouble which this supra-generosity might entail, she declines to throw out any callus whatever, and consigns him for the rest of his life to the care of a crutch and his room. This, however, is only a plausible explanation of a failure to effect a cure, and not an enunciation of a fundamental principle. Union has been obtained sometimes by judiciously directed treatment, and sometimes without any treatment whatever.

At a recent meeting of the Philadelphia County Medical Society, Dr. John B. Roberts presented a case of a woman seventy-eight years old, in whom an intra-capsular fracture of the femoral neck had occurred, and in which union spontaneously resulted after treatment had been practically abandoned. In this case the usual method of extension, counter-extension, and lateral support by sand-bags was resorted to upon her admission to St. Mary's Hospital. Within four days, incontinence of urine, the appearance of bed-sores, and her general debilitated condition, showed that there was danger of her passing into a typhoid state and dying. Dr. Roberts accordingly ordered the fracture dressings to be removed, so that the bed-sores could be properly treated, and told the resident physician that no union of the fracture was likely to occur, and that the treatment should be wholly directed to saving the patient's life, by tonics, stimulants, and food, and to prevent the development of further bed-sores by frequent changes of position, and to let the patient sit up as soon as possible. Six days subsequently she was sitting up in a chair. The bladder symptoms gradually improved, she soon sat up all day, and five weeks after admission she was walking on crutches. Four weeks later she was discharged from the hospital, being able to walk without any assistance, and having every motion of the joint except full inversion.

Dr. Roberts stated his belief that the non-occurrence of union in some cases is to a certain extent due to the violent and unjustifiable manipulation, to which injured hips are often subjected in the attempt to demonstrate crepitus and preternatural mobility. He considers it unnecessary and improper to imperil the future usefulness of the limb merely to arrive at an absolute diagnosis. In cases of doubt, it does no harm to treat the case as one of fracture, even if none exist, but violent manipulation by tearing connecting bands of periosteum, or separating impacted fragments greatly reduces the probability of union.

In the discussion that followed, cases were related by Dr. O'Hara, Dr. Packard, Dr. Levis, and Dr. Hewson, in which union and good use of the limb were obtained after this fracture, notwithstanding the hopeless prognosis usually given. All the speakers agreed with Dr. Roberts in condemning unwarrantable manipulations in making the diagnosis.

The essential reason, however, for the failure to secure union is that the fractured ends of the bone are not brought together. For a great many years it was supposed that bony union of the patella could not be obtained, and a great many ingenious theories were advanced in explanation. They were all, however, finally shown to be fallacious. Union can be and is obtained by bringing the fragments in contact with each other and keeping them there. To effect this same result in intra-capsular fractures of the femur, Dr. S. J. Parker, in a recent number of the Polyclinic, suggests the advisability of endeavoring to keep the ends in apposition by a clamp, connecting the head of the femur with the great trochanter. That, however, would involve the perforation

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of the joint, with its attendant dangers, and is not practicable.

Professor William H. Pancoast has for several years carried out a plan of treatment which fulfils every indication, and which has yielded most admirable results. He noticed that when a person is in the horizontal position the external rotator muscles draw the thigh outward and evert the feet, thus simulating in a healthy limb the very deformity which is so characteristic of intra-capsular fracture. If, however, the sitting posture be assumed, the adductor muscles act so powerfully that the feet cannot be everted without considerable effort. Professor Pancoast accordingly concluded that the old method of treating these cases in the recumbent position was positively injurious, not only because it was conducive to the formation of bed-sores and prejudicial to health, but, also, because it almost invariably prevented union, by permitting the external rotator muscles to drag the fragments of bone away from each other. Since that time he has treated his patients in a sitting position, in an easy chair especially constructed for that purpose. In this way their health is maintained, their comfort assured, bed-sores prevented, and the fractured ends approximated. Perfect union has been obtained in nine successive cases, one of the most remarkable being that of a man eighty-two years of age.

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## *MENTAL OVER-WORK AND PREMATURE DISEASE.*

THE Toner lecture, delivered by Dr. Charles K. Mills, and recently published by the Smithsonian Institution, is a valuable contribution to our knowledge of the relation between mental overwork and premature disease. It is well-known that intellectual work, *per se*, is not injurious to health or life, but every physician has met with cases in which sudden failure of the mental or physical powers was directly traceable to an unusual or protracted strain upon the mental faculties. The influence of anxiety, grief, and other morbid states of the mind in increasing the predisposition to various diseases, or adding to their gravity if already existing, is a matter of everyday observation. In this connection it is only necessary to mention rheumatoid arthritis, interstitial nephritis, diabetes, and lithæmia, as pre-eminent among the affections which are universally admitted to follow prolonged grief, anxiety, or other form of mental worry. It is too often forgotten though, that mental depression is frequently synonymous with mental exhaustion. As Dr. Mills truly and tersely observes, "worry is in itself a form of brain work; to worry means to cerebrate intensely."

The lecture was based upon a study of sixty cases of men prominent in political and professional life, in all of whom loss of health or life was mainly attributable to excessive brain-work and brain-strain.

Their actual occupations were: cabinet officer, one; senators, eight; representatives in Congress, ten; department officials, five; governors, two; candidates for important offices, two; physicians, six; lawyers, seven; clergymen, two; journalists, four; scientists, six; teachers, seven.

Twenty-eight of the sixty, therefore, were men in political and official life, and eighteen of these were members of Congress.

Mercantile life is equally prolific of examples of premature failure of health, owing to the anxiety and excitement attendant upon the getting and losing of wealth in this era of competition.

While brain strain is particularly dangerous to those who have passed the prime of life, the risk that it entails at all ages is shown by the fact that in the sixty cases under consideration the break-down occurred between twenty-five and thirty years in two cases, between thirty and forty in fourteen cases, and between forty and fifty in eighteen cases. Of the remaining twenty-six cases, seventeen broke down between fifty and sixty years, and nine between sixty and seventy. In every instance, however, sudden or unusual brain-work, or strain, terminated the careers of those who were apparently destined to live from five to twenty years longer.

Fortunately, mental exhaustion manifests itself by several definite premonitory symptoms, which, if heeded, may enable a fatal issue to be averted. The most prominent of these early warnings are, as Dr. Mills observes, the

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symptoms of the affection conveniently termed acute neurasthenia, and are as follows: 1st. Certain psychical symptoms, such as excessive irritability of temper; depression of spirits; morbid impulses or fears; constantly recurring thoughts or phrases; impairment of memory, and changes in habits and methods of work. 2d. Laxity or immobility of countenance. 3d. A diminution or loss of physical resisting power. 4th. Heart failure. 5th. Sleeplessness. 6th. Pain or distress in the back of the head or neck. 7th. Nervous dyspepsia.

These symptoms are in all probability due to impairment of the regulating and inhibiting power exercised by the higher cerebral centres upon the centre of organic function, situated in the medulla oblongata. This impairment results from the over-stimulation and consequent exhaustion of the higher cerebral centres dependent upon undue intellectual exertion. An overworked nerve will waste as well as an overworked muscle. "Every mental act is associated with some molecular change in the gray matter of the cerebral convolutions. When mentalization proceeds beyond the limits which are practically fixed for every individual, exhaustion, defective nutrition, and sometimes cell-atrophy results." As a consequence, various vaso-motor or atrophic changes result, which culminate in a grave disease.

Another danger which must not be overlooked, is that that overwork of any portion of the brain means overwork of the vessels going to that part. It is impossible to subject vessels anywhere to frequent increased pressure without producing disease of their walls, or exposing them to the risk of rupture if such disease already exists. In four cases of the series under consideration death was caused by cerebral hemorrhage, undoubtedly the result of undue pressure upon atheromatous arteries. In other cases, hyperæmia and minute hemorrhages into the pons varolii and medulla oblongata occur after severe mental strain. Richardson records the case of an overworked English statesman, who, while speaking upon a momentous question in Parliament, became faint and was compelled to retire. Examination showed that he had developed diabetes which ended fatally.

Dr. Mills believes that the cause of the sudden disease in this case and the cause of sudden death in a great many others, are to be found in extravasations into the vital regions of the medulla. He has examined many cases of sclerosis, paretic dementia, and epilepsy, to discover, if possible, the immediate cause of death, and invariably found recent congestive and hemorrhagic areas in the floor of the fourth ventricle, containing widely dilated vessels, filled with freshly coagulated blood, and at times surrounded by extravasations. These observations agree with those made by Von Der Kolk and others, and indicate the line of treatment which should be followed.

## COLLEGE GOSSIP.

*University of Pennsylvania.*

Dr. W. L. Zuill was elected to fill the Chair of Surgical Pathology in the Veterinary Department.

Plans were approved for the erection of a building, to comprise stables and a hospital for the Veterinary Department.

Dr. E. T. Bruen (Class of 1873) delivered an interesting lecture on "The Germ Theory of Disease," at the last meeting of the Alumni Association, Philadelphia College of Pharmacy.

Dr. J. M. Anders (Class of 1877) read a valuable paper before the Philadelphia Social Science Association recently, on "The Sanitary Influences of Forest Growths and Public Squares."

Professor Osler, who has been appointed to deliver the Gulstonian Lectures before the Royal College of Physicians, London, was granted leave of absence for that purpose by the Trustees, and sailed for England on February 11th. Professor Osler has selected for his subject "The Pathology of Endocarditis."

At the meeting of the Trustees, on March 2d, the resignation of Dr. Harrison Allen, as Professor of Physiology, was received, to take effect at the end of the present term. It was stated that the resignation was tendered on account of increasing professional duties, and a consequent greater demand upon his time.

*Jefferson Medical College.*

The Spring course of Lectures will commence on Monday, April 13th.

Dr. George McClellan will give a similar course on Practical Surgery.

Dr. F. E. Stewart (Class of 1879) was married on March 17th to Miss Ida Seidel.

Dr. Orville Horwitz (Class of 1883) has been appointed Resident Physician at the Pennsylvania Hospital.

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Dr. Robert S. Wharton (Class of 1876) has been elected Physician to the Pennsylvania Institution for the Deaf and Dumb.

Dr. Morris Longstreth delivered an illustrated lecture before the class on February 13th, on "The Minute Organisms of Disease."

It is stated that Professor Mallet will resign from the Chair of Chemistry at the close of the present session, and resume his former professorship in the University of Virginia.

The Annual Commencement exercises will be held in the Academy of Music on April 2d. Professor William H. Pancoast will deliver the Valedictory Address to the Graduating Class.

Dr. James C. Wilson will give a series of lectures on Physical Diagnosis, with practical instruction in the wards of the Philadelphia Hospital, during April and May.

By invitation of Professor Parvin, Dr. William H. Parish (Class of 1870) lectured to the class on February 7th, on the relative merits of Symphisiotomy, Cæsarean Section, Laparo-Elytrotomy, and the Porro and Porro-Muller operations.

At a meeting of the class held on the 17th ult. the following minute was adopted:—

"The Class of Jefferson Medical College have learned with profound sorrow of the death of Ellerslie Wallace, M.D., late Professor of Obstetrics in and Dean of the College. They desire to place on record their high esteem for the character and attainments of their revered teacher, their appreciation of his services to the community and to science, and their sense of the great loss which the profession has sustained in his death. They desire to express to the bereaved family their deep sympathy, and hope that they will find consolation in the knowledge that all who came in contact with him loved him as their friend and will so mourn him.

"It is the wish of the Class that a copy of this minute be sent to the family, and that it also be placed upon the official record of the Class proceedings."

### *Rush Medical College.*

The commencement exercises were held in Central Music Hall, on February 17th. The degrees were conferred by the President of the College, Professor J. Adams Allen, and the Valedictory Address was delivered by Professor W. H. Byford. The number of students in attendance during the past college term was 401; the graduating class numbered 151.

### *University of Virginia.*

It is announced that a Veterinary Department will soon be organized at the University, and that a hospital will be erected for the treatment of diseases of animals.

The New England Medical Monthly recently presented its readers with an admirable portrait and biographical sketch of Dr. Hunter McGuire, the University's distinguished Emeritus Professor of Surgery.

### *Milwaukee Medical College.*

Dr. H. V. Ogden has been appointed Professor of Materia Medica.

Dr. James Dorland has been appointed to the Chair of Principles of Medicine.

### *Memphis Hospital Medical College.*

Dr. W. M. Fuqua, of Hopkinsville, Ky., has been appointed Professor of Anatomy.

### *Detroit Medical College.*

Dr. Thomas N. Reynolds, Professor of Materia Medica, Therapeutics, and Clinical Medicine, died at San Antonio, Texas, February 14th, from hæmoptysis.

### *New York Post-Graduate School.*

Dr. E. C. Spitzka has resigned the Professorship of Neuro-Anatomy.

## NOTES, QUERIES, AND REPLIES.

[This department of the journal is open for short communications from any of its subscribers.]

### GOITRE.

EDITOR OF MEDICAL BULLETIN: I have a case of goitre of about eighteen months' standing, the patient being a woman of twenty-eight years, and the mother of three children. My treatment consisted of tincture of iodine locally, and the following mixture internally, three times a day—

℞. Tinct. aconiti . . . gtt. j.
Tinc. ferri muriat. . . gtts. v.

This checked its growth. I then gave chloride of ammonium, gr. x, three times daily, for a long period, until the patient has taken nearly half a pound of this remedy, but the tumor has remained the same size. I would be glad if you would suggest a further line of treatment.

E. S. B.

ANS.—If the case is one of ordinary bronchocele, deplete the gland by leeching or tapping it freely with the small needle-knife, encourage bleeding by the application of hot-water cloths, and then rub in a small quantity of the oleate of mercury. Give internally a combination of the iodides of potassium and ammonium.

If the case is, however, one of exopthalmic goitre, it will be more speedily relieved by the daily use of the descending faradic current, conjoined with the internal administration of ergot and belladonna, and the external application of the oleate of mercury ointment.

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### Alimentation in Disease.

Editor of Medical Bulletin.—*Dear Sir:* Your remarks in the February number of The Bulletin on alimentation in disease are *apropos* and timely. It is a subject that has been too much overlooked. Too much reliance has been placed on the curative action of drugs, and too little upon judicious feeding. The two fundamental principles laid down by Professor Flint in his admirable address, that there is no danger in over-nutrition, and that in all diseases which destroy life by slow asthenia or exhaustion, death is due to starvation, and may be averted if effective nutrition and assimilation be practicable, are true, and of the highest importance. I am glad that you have called the attention of the profession to the subject. If the numerous young physicians of the country at large would give heed to your teachings, it would be better for all concerned. In typhoid and other wasting and debilitating fevers, judicious alimentation, combined with suitable medication, affords the surest promise of success. I am confident that if more attention were given to this subject by physicians generally, the death-rate would be much diminished, and many valuable lives would be saved.

M. G. Whitney, M.D.,
Plymouth, Pa.

## *INTENSE ELECTRIC SHOCK, WITH RECOVERY.*

BY A. L. HUMMEL, M.D.

With the rapid advancement made in electrical science the accepted theories relating thereto must of necessity be more or less modified. In no line of electrical experimentation are more new phenomena developed than in the perfecting of the various systems of electric lighting. Without presuming to add anything valuable to the literature on this subject, the writer desires to place on record several cases of accident resulting from the careless handling of the wires of the Brush Electric Light Company of this city.

The first is that of an employé of the Brush Company, who, in "cutting a circuit," neglected to observe the usual precautions, and apparently received through his body a direct current sufficient to run fifty arc lamps of 2000 candle-power each. This is a current of 3000 volts, which equals in electro-motive force 2777 Daniell cells, when the sulphuric acid thereof is diluted four times by weight. It is computed that a current of this strength, if condensed in a single arc lamp, would produce a light equal to one-tenth that of the sun. In addition to the direct current, the patient received the shock of the so-called reactionary current, produced by cutting the wire. The force of this latter current is many hundred times greater than the direct current, and its tension is so great that no insulator is known that will not be destroyed under its influence. Diamonds are melted by it, and glass insulators offer no resistance to its power.

The accident in question occurred on March 12, 1885. The current was established through the body of the patient by his grasping the wire with the left hand, while with the right hand, holding a pair of nippers, he cut the wire carrying the current of electricity, and immediately the current was established through his body, contracting the muscles of the hands and arms, thus holding him to the wire at the top of a thirty foot pole, where he hung until a ladder was procured and then released by a fellow workman, at least three minutes being consumed in effecting this object. Notwithstanding the length of time the current was passing through his body and the strength of the current itself, he was able to reach the pavement with slight assistance. Aside from the charring of three fingers of the left hand, and a comparatively small but deeply burnt hole in the palm of the right hand, he has suffered little or no disturbance of the functions of the body, if we exclude a slight rise in temperature soon after the accident. He has never taken to his bed nor been confined to the house. His only treatment was that usually employed for simple burns.

A similar case was that of an employé of the Bell Telephone Company, who, on March 17, 1885, in endeavoring to carry a line over the wires of the Brush Electric Light Company, climbed one of the poles of the latter company, which supported wires carrying a current of electricity of the same strength described above. Not knowing the danger of such a procedure, he clasped with his right hand the "tie wire," which attached the positive line to its insulator, and with his left hand the same wire of the negative line. These wires being heavily charged, he received through his body what is popularly known as a "shunt" or derived current, which, as in the former case, held him in that position until an assistant ran the distance of five squares to the electric light station, where the circuit was immediately broken and the patient released. By reason of a rope attached to his body passing over an arm of the pole and held

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by an assistant, he was prevented from falling. He was taken to the pavement in an unconscious condition. This patient received through his body, *for at least five minutes*, a current of indefinite electro-motive force, which rendered him insensible for a time, but from which he soon rallied.

In this patient the thumb of the left hand was burnt nearly off, requiring amputation at the metacarpo phalangeal joint, and the index and middle fingers of the right hand were similarly burnt and removed.

Up to the time of this writing his pulse has never been higher than eighty-six, nor his respiration higher than twenty-four (reaching this point soon after the amputation), nor his temperature more than 101°.

In neither of these cases were there any perceptible marks showing the course of the current, nor was there any feeling of soreness in the chest or limbs, although in each case there was a certain loss of motion and sensation in the forearms.

Both patients received only the usual treatment for burns, both are on a fair way toward complete recovery, and unless unforeseen complications arise, we believe neither will suffer any discomfort, except from the local injuries.

Believing, that as the system of electric lighting becomes more universal, and the accidents attendant thereto become more numerous, many remarkable cases will be developed requiring an explanation, and perhaps modifying our ideas of the fatality of the electric current, the writer is impelled to simply place the above cases on record, leaving the explanation o their peculiarities to other and more competent pens.

1217 Filbert Street, Philadelphia, Pa.

## MEDICAL NEWS AND MISCELLANY.

DR. P. H. BAILBACHE, Surgeon, U. S. Marine Hospital Service, is now on duty in Philadelphia.

THE consolidation of the Detroit Medical College with the Michigan College of Medicine is announced.

DR. W. PAGE MCINTOSH (Medical Record) reports two cases of acute atrophic paralysis due to arsenical poisoning.

THE Annual Meeting of the Louisiana State Medical Society will be held in New Orleans, on April 21st, 22d, and 23d.

THE Annual Meeting of the Medical Association of Georgia will be held in Savannah on the 15th, 16th, and 17th of April next.

A SANITARY CONVENTION under the auspices of the Michigan State Board of Health, was held in Lansing, Michigan, on March 19th and 20th.

DR. R. C. EVE, of Augusta, Ga., Professor of Materia Medica in the Medical Department of the University of Georgia, died at his home January 30th.

DR. J. NEVINS HYDE, who for several years past has been the chief editor of the Chicago Medical Journal and Examiner has retired from that position. Dr. S. J. Jones has been appointed his successor by the Directors of the Medical Press Association.

DR. SIDNEY RINGER (Journal of Mental Science) records several cases in which the administration of a drop of nitrite of amyl was followed by death-like pallor and giddiness, the patients passing into a semi-unconscious state and remaining so for several minutes.

DR. W. J. BEATTY (British Medical Journal) has cured eight cases of nævus perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. By this means a cure is effected in from three to five weeks.

A WRITER (St. Louis Medical Journal) recommends the oleate of chloral in pruritus, eczema, and other affections in which itching is a prominent and unbearable symptom. He prepares the remedy by mixing together one drachm each of chloral and camphor, and one ounce of oleic acid.

DR. WILLIAM BRAITHWAITE, the well-known English physician and surgeon, and founder of the Retrospect of Medicine, died at his home in Leeds on January 31st. The Retrospect will be continued under the editorial charge of Dr. James Braithwaite, the son and former assistant of its distinguished founder.

DR. H. B. GIBBON (Medical Age) reports a case of persistent asthma in a boy æt. 7 years, which was evidently due to the reflex irritation caused by a large mass of cerumen in the external auditory canal, and in which all the symptoms disappeared as soon as the cerumen was removed.

MINNESOTA COLLEGE HOSPITAL.—"On February 18th, Dr. Stone gave a reception to the graduating class and faculty and the physicians of the twin cities. Such occasions are invaluable in promoting good feeling and harmony in the profession, and no one knows better than Dr. Stone how to make a success of them."

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FOR controlling the pain in acute articular rheumatism the following ointment is extensively used in Bellevue Hospital:—

℞. Hydrate chloral . . . ʒj.
Ac. salicylic . . . . ʒiss.
Ung. stramonium . . . ʒj.
—*Louisville Medical News.*

DR. MONAD (Medical Press) advises a new treatment for strangulated hemorrhoids, which he has followed with great success. It consists in forcibly dilating the anus, as in cases of anal fissure. As soon as the sphincter is paralyzed by this method, the strangulation is removed, the pain ceases, and in a few days the hemorrhoids disappear.

DR. W. T. EASLEY (Medical and Surg. Reporter) reports an obstinate case of epistaxis in which all the ordinary hæmostatics had been used in vain. The hemorrhage was so profuse that death seemed inevitable unless it could be controlled. Dr. Easley then prescribed the fluid extract of hamamelis in ʒss doses every fifteen minutes. This checked the flow immediately.

CASE OF CÆSAREAN SECTION.—"The major part of the operation was performed by Mr. Wright, whom I have also to thank for his subsequent attention to the case. My indebtedness to Dr. Davy, who gave the ether, should not pass without acknowledgment." [The above should have formed part of the communication sent by Dr. Dolan.]

DR. A. MORGAN VANCE (Louisville Medical News) recommends the treatment of cold abscesses by repeated aspiration of their contents, combined with the internal administration of tincture of the chloride of iron and quinine. Three cases are noted by Dr. Vance in which this treatment was used with success, the patients having entirely recovered in from one to three months.

BACK NUMBERS OF THE MEDICAL BULLETIN WANTED.—The publishers of THE MEDICAL BULLETIN want a number of copies of the journal for January, 1885. Any subscriber sending us that number will have his subscription advanced two months, and all others sending us eighty cents and a copy of the journal of the January, 1885, issue, will receive THE MEDICAL BULLETIN for one year.

M. DU MOULIN (Rev. De Therap.) has discovered a new and valuable diagnostic symptom of lead-poisoning. This symptom, which was found in all the cases examined by him, consists in the production of a black stain in the epidermis, due to the deposition of the sulphide of lead, and can be obtained at will by applying to the skin a five per cent. solution of the sulphide of sodium or the sulphydrate of ammonia.

DR. PEYTON TURNER (Texas Courier Record) says that emetics are of especial value in that class of cases of hysteria characterized by tendency of the paroxysms to recur after consciousness has been established, by the use of antispasmodics or the cold douche; in fact where the usual remedies fail, the emetic treatment is the most efficacious at our command, more especially when the paroxysms occur after the taking of food.

PROFESSOR LOUIS ELSBERG, one of the most distinguished of American laryngologists, died at his residence in New York, on February 19th. Professor Elsberg graduated from Jefferson Medical College in 1857. He was lecturer on laryngology for several years in the Medical Department of the University of New York, and at the time of his death occupied a similar chair in Dartmouth Medical College and the New York Polyclinic.

DR. JOHN H. THOMPSON (Medical Record) says chloroform is not a dangerous remedy for tapeworm if properly used, but where any one gives a dose six times as large as necessary of a deadly drug, it may become dangerous. He has had several cases of tænia solium in which, after failing with pumpkin seeds, filix mas, and other remedies, he succeeded with ℞. Chloroformi, ʒj; simple syrup, ʒj. One third given at seven, nine, and eleven o'clock, followed at twelve o'clock by ol. ricini ʒj.

DR. W. G. EGGLESTON (Medical Record) recommends the hypodermatic administration of atropia in cases of electric shock, whether resulting from a stroke of lightning or from a powerful dynamo-electric current. The predominating symptoms are those of extreme cardiac and respiratory depression. Atropia increases the number and vigor of the heart-beats and the number and depths of the respiratory movements. Dr. Eggleston reports three cases in which this treatment was of marked benefit.

WE learn with pleasure from the Egyptian Gazette that one of the most valued contributors to THE MEDICAL BULLETIN, Dr. Grant Bey, of Cairo, has received from the Khedive the insignia of the Third Class of the Imperial Order of the Medjidieh, in recognition of the valuable services rendered by him to the Railway Administration during the cholera epidemic in 1883. The insignia of the Fifth Class of the same Order, had previously been conferred on Dr. Grant as an acknowledgment of his valuable services during the cholera epidemic of 1865.

THE PHILADELPHIA OBSTETRICAL SOCIETY elected the following officers on January 2d: President, B. F. Baer, M.D.; Vice-Presidents, E. E. Montgomery, M.D., and W. H. Parish,

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M.D.; Secretary, W. H. H. Githens, M.D.; Treasurer, Alfred Whelen, M.D.; Librarian and Curator, T. Hewson Bradford, M.D.; Council, William Goodell, M.D., T. M. Drysdale, M.D., R. P. Harris, M.D., L. D. Harlow, M.D.; Publication Committee, J. H. Packard, M.D., B. F. Baer, M.D., J. C. DaCosta, M.D., J. B. Walker, M.D.; Library Committee, Horace Williams, M.D., D. Murray Cheston, M.D.

DR. S. H. STEVENSON writes to the Chicago Medical Journal that, in an interview with Dr. Weber, of Darmstadt, he stated that he had found apomorphine to be a most excellent remedy in chronic asthma, and related a case of some thirty years' standing that had been permanently cured by the administration of one-twelfth grain three times daily, gradually increasing the dose to one-third grain. The result was obtained in about three weeks. Dr. Weber's brother, who is an obstetrician, had also found the remedy very useful in rigid os,—not interfering in the least with the normal contractions.

DR. J. D. TALBERT (Mississippi Valley Medical Monthly) reports three cases of the sweating type of pernicious malarial fever, in which the perspiration was so profuse that there was imminent danger of the patients sweating to death. Brandy, quinine, belladonna, nux vomica, and other stimulants were administered, but the perspiration still continued. Dr. Talbert then administered half a drachm each of the fluid extract of buchu and spirits of nitrous ether. The result in every case was that in less than half an hour the functions of the kidneys were re-established, the alarming perspiration ceased, and the patients began to convalesce.

DR. FERRIER (Deutche Med. Zeitung; Medical and Surg. Reporter) had a patient in whom, after an attack of pachymeningitis, a complete contraction of the flexor muscles of the right thigh developed itself. The contraction was so severe, that the calf of the leg pressed against the posterior surface of the thigh. He tried every known means to relax the muscles, but, as he did not succeed in thus establishing a permanent cure, he had finally recourse to tenotomy, subcutaneously cutting all the sinews of the affected muscles. Afterwards passive and active motions and massage were employed, to keep the muscles in their normal position.

DR. J. H. NEALE (British Medical Journal) reports a case exhibiting the extraordinary capacity of the female bladder. On the day following delivery the patient had voided about a pint of urine. On the second day he noticed an odor of urine on entering the room, and the nurse remarked that there was "some trouble with the lady's water." On introducing a catheter, he drew off ninety-six ounces of urine. On the following day about half that quantity was taken in the same way, and as this had a faint ammoniacal odor, he washed out the bladder with a solution of hyposulphite of soda (one drachm to the ounce). There was no further trouble.

CAPE MAY POINT.—The following physicians made an excursion to Cape May Point last month, accompanied by their ladies: Dr. William B. Atkinson, Dr. Lawrence Turnbull, Dr. John B. Roberts, Dr. George B. Dunmire, Dr. Benjamin Lee, Dr. W. F. Waugh, Dr. T. V. Crandall, Dr. Hugo Engel, Dr. Louis K. Baldwin, Dr. Wilson Buckly, Dr. C. C. Vanderbeck, Dr. Joseph Hearn, and Dr. John V. Shoemaker, The party were handsomely entertained by Mr. A. H. Hamilton and Dr. Kirkpatrick, at the Cape House, and after spending several days in this enjoyable winter resort, returned home much benefited by the exhilarating effects of the sea air.

WOMEN'S MEDICAL COLLEGE.—The annual commencement exercises of the Women's Medical College of Pennsylvania, was held in the Academy of Music, in Philadelphia, at noon, on Wednesday, March 11th, in the presence of a large audience. The degree of Doctor of Medicine was conferred on twenty-two ladies, after which Professor William Keen delivered the valedictory address. The subject of vivisection was discussed, and its great utility was shown by the speaker from the experience of all leading scientists, his own practical views being especially valuable. During the same evening the graduates, their friends, and a large number of the members of the profession were handsomely received and entertained at the college by the Faculty and Board of Managers of the Institution.

DR. J. MATTHEWS DUNCAN (Medical Times and Gazette) calls attention to the fact that all pains about the external inguinal opening are not neuralgic, nor inflammatory. A sensitive young lady, whose pains had been very puzzling to her physician, was recently sent to Dr. Duncan for examination and an opinion. Much and varied treatment by medicines and rest had failed to give any relief. The pain was confined to the region of the femoral opening on one side, rest removed it, exertion induced it, coughing made it worse, and a strong impulse was felt in the part by the hand applied when a deep cough was made. Knowledge of the seat and cause of the pain was nearly enough for its cure, and complete relief was obtained in a short time by wearing a truss. Cases of a like kind are not very rare.

MATERIA MEDICA AT THE MEDICO-CHIRURGICAL COLLEGE.—Dr. Frank Woodbury, of this city has recently been elected Professor of Materia Medica in the Medico-Chirurgical College. The selection by the board has been a

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most fitting and excellent one in every way for the institution. Dr. Woodbury was connected for many years with the Jefferson Medical College, in the Department of Medicine of the Hospital, and was one of the most active workers in the Alumni Association. He is a medical author and writer, having contributed some excellent practical articles to the various medical societies and the medical press. At the present time he is engaged in active practice, as well as physician to the German Hospital, and several other institutions, and ably edits the Medical Times of this city.

M. MARTEL, the principal surgeon at the hospital at Saint Malo, furnishes Dr. Arragon with some facts concerning the use of the decoction of valerian as a sedative. A patient was brought in with both hands and a part of the forearm crushed by a threshing machine. Fever was absent, but the agony was great. The wounded region was dressed with an antiseptic dressing of carbolic acid. As soon as it was deemed prudent, the following decoction was used in the dressing to replace water: forty grammes of the root of valerian to a litre of water, boiled for half an hour; then strained, and ten per cent. of carbolic acid added to it. After its application, all pain disappeared. The wound became clean and healthy; all the symptoms were most satisfactory. Dr. Arragon adds that country people in Normandy often use the decoction of valerian to calm pain in the case of wounds and fractures. —*British Medical Journal.*

DR. CHARLES WOOD (British Medical Journal) reports a case of poisoning in which a woman had taken within an hour an eight-ounce neuralgic mixture containing, besides quinine, two drachms of the tincture of gelseminum. The first symptoms were giddiness, followed by double ptosis, extreme dimness of vision, difficulty in breathing, also in articulating. There had also been a transient rigidity of the muscles of the neck, arms, and slightly of the lower extremities. When Dr. Wood saw her, about two hours after taking the mixture, she was very pallid, the face was drawn, there was double ptosis, slightly contracted pupils, and dimness of vision; the pulse was rapid and feeble, and the extremities chilly. She complained of numbness in the hands, feet, and lips, succeeded by tingling. Dr. Wood ordered strong coffee and an ammonia mixture; and, in the course of three hours the symptoms had entirely disappeared, but the neuralgia returned more severely than ever.

PROFESSOR JAMES STEWART (Canada Med. and Surgical Journal) summarizes the actions and uses of caffeine, as follows:—

1st. It strengthens, slows, and steadies a weak, fast, and irregular heart.

2d. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (*a*) raising the blood pressure, and (*b*) of stimulating the secreting structures of the kidneys.

3d. It is of marked use in the same class of cases as digitalis is. It differs, however, from this drug in the following particulars: (*a*) It is less powerful as a cardiac tonic; (*b*) It is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure.

It is probable that results obtainable from neither of these drugs when given singly could be brought about if caffeine was given first and its effects kept up until the cumulative action of digitalis could be made manifest. By combining the power of digitalis with the rapidity of action of caffeine, we may get the advantages of both drugs, with little of the disadvantages of either.

DEATH OF PROFESSOR ELLERSLIE WALLACE, M.D.—Dr. Ellerslie Wallace, who for thirty-seven years was connected with the Jefferson Medical College, twenty years of which he was the Professor of Obstetrics and the Diseases of Women and Children, died on March 9th, at his residence in this city. Dr. Wallace was born in 1819. He was educated at Bristol College, and engaged for a time in the profession of civil engineering. He studied medicine afterwards, and graduated from Jefferson Medical College in 1843. After graduation, Dr. Wallace was appointed Resident Physician at the Pennsylvania Hospital. In 1843 he was selected as Demonstrator of Anatomy in Jefferson College, a position which he held until 1863. He was then elected to the Chair of Obstetrics, and filled the duties of that position until June, 1883, when he retired on account of failing health. Dr. Wallace had been in poor health for some months past, but the immediate cause of his death was an erysipelatous affection of the face and head. He was during the war an active member of the Union League, and was also a member of the Philadelphia College of Physicians, the County Medical Society, and other kindred organizations.

The funeral services were held on March 12th, at St. Mark's Protestant Episcopal Church. The office for the burial of the dead was read by the rector, the Rev. Isaac L. Nicholson, D.D., assisted by the Rev. O. Valentine, and the Rev. Harvey McDowell.

Among those present were Professor William H. Pancoast, Professor Theophilus Parvin, Professor J. M. Da Costa, Professor John H. Brinton, and Professor J. W. Mallet, all of the Faculty of Jefferson Medical College; Professor Richard A. F. Penrose, of the Medical Department of the University of Pennsylvania; Dr. C. McClelland, Dr. William Hunt, Dr. William S. W. Ruschenberger, Dr. Edward Shippen, U.S.N.,

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Dr. J. A. Cantrell, Dr. Henry H. Smith, Dr. J. Howard Taylor, Dr. John H. Packard, Dr. A. C. W. Beecher, Dr. J. C. Da Costa, Dr. William V. Keating, and Mr. John Welsh.

After the church services the body was taken to Burlington by boat, and there interred. The pall-bearers were Dr. E. B. Gardette, Professor William H. Pancoast, Professor Theophilus Parvin, Professor R. A. F. Penrose, Dr. Andrew Nebinger, Dr. J. P. J. Horwitz, Furman Sheppard, Richard C. McMurtrie, Joseph Swabey, F. Jacoby, Jr.

## BOOK REVIEWS.

*Practical Anatomy: A Manual of Dissections.* By CHRISTOPHER HEATH, F.R.C.S. Sixth edition. Revised by Rickman J. Godlee, M.S., Lond., F.R.C.S., with Twenty-four Colored Plates, and Two Hundred and Seventy-four Engravings on Wood. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1885. Price $5.00.

The author has arranged his work in the most admirable manner. The well executed plates from Maclaise's Surgical Anatomy being placed first in the book, after which the different regions are carefully described from a dissection of the dead body. A concise introduction points out to the student the manual part of his work, and the principal objects to be borne in mind in dissecting. Every region and organ is well illustrated throughout the entire work, and special stress has been laid on demonstrating as accurately as possible the relation of the parts to each other. Directions are carefully given for the performance of very many operations, as well as many other points which are of great utility both in surgery and medicine. The text is clear, well expressed, and so arranged as to be easily observed and retained by the mind.

*Human Osteology.* By LUTHER HOLDEN, Ex-President and Member of the Court of Examiners of the Royal College of Surgeons, of England; Consulting Surgeon to Saint Bartholomew's and the Foundling Hospitals. With numerous illustrations. Sixth edition. 8vo., 276 pp. New York: William Wood & Co., 1885.

This is the opening volume of Wood's Library of Standard Medical Authors for 1885. To those who have availed themselves for the past six years of the opportunity offered by Wood's Library for obtaining the best medical literature extant at about the cost of so many popular novels, our saying that this is the opening volume for 1885 will be sufficient evidence of its great merit.

We have here the entire subject of osteology, as it pertains to the human body, presented in a most scientific manner. Beginning with the structure and development of bone, the author prepares us to study intelligently the various bones comprising the skeleton, which are treated in their natural order. After each region has been described in detail, and the bones comprising it have been discussed separately, the region as a whole is described, with special reference to its functions, its comparative anatomy, and its bearing on the surgery of the parts. This is an admirable feature of the work, and no where is this idea so elaborated. The book is made readable and interesting by the terse and happy style of the author and its numerous plates and illustrations, there being sixty-one full page drawings and eighty-nine wood engravings, many of which appear for the first time in this edition of the work. Notwithstanding the fact that the phrase "William Wood & Co. deserve the thanks of the profession," etc. has almost become classical from its constant use in connection with these "Libraries," we cannot refrain from using it when writing of "Holden's Human Osteology," for we have here, at a nominal cost, one of the most valuable medical works published.

*Cocaine and its Use in Ophthalmic and General Surgery.* By H. KNAPP, M.D., Professor of Ophthalmology at the University of the City of New York, with Supplementary Contributions by Drs. Bosworth, Hall, Keyes, and Polk. 8vo., 87 pp. New York: G. P. Putnam's Sons, 1885.

Reprinted from the Archives of Ophthalmology, this little work presents, in a convenient and attractive form, an abstract of many of the numerous papers published on this subject recently in the various journals. It is a concise statement of what is now known of this valuable drug, giving only such uses as have been already established. By careful editing we have here, in eighty-seven pages, the practicable deductions from innumerable papers on this subject, presented in a terse and pleasing style, from which all conjectures or unproven theories seem to have been discarded.

## *NEW PUBLICATIONS RECEIVED.*

Third Annual Report of the Baltimore Eye, Ear, and Throat Charity Hospital.

Annual Announcement of the Medical Department of Niagara University, Buffalo, N. Y.

The Pathological Action of Alcoholic Stimulants on Health and in Disease, by Isaac N. Quimby, M.D.

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Medical Department of Niagara University, Buffalo, N. Y. Announcement of Spring Term, 1885.

Cocaine in Ophthalmic Surgery, by P. D. Keyser, A.M., M.D. Reprint from Therapeutic Gazette.

Report on Toxicology, by F. J. B. Quinlan, M.D. Reprint from the Dublin Journal of Medical Science.

Fifty-fifth Annual Report of the Board of Managers of the Philadelphia Lying-in Charity and Nurse School.

The Practical Treatment of Abdominal Hernia, by W. B. De Garmo, M.D. Reprint from the Medical Record.

Special Report of the State Inspector of Oils for the State of Minnesota on the Illuminating Quality of Oils.

Fifty-second Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind.

Address in Medicine, delivered before the Medical Society of the State of Pennsylvania, by W. H. Daly, M.D.

Transactions of the American Dermatological Association for 1884, by W. T. Alexander, A.M., M.D., Secretary.

The Medical Department of Western Reserve University, Cleveland, Ohio. Announcement for the Session of 1885–86.

Metalloscopy and Metallotherapy, by Arthur Johnstone, M.D., Brooklyn, N. Y. Reprint from the Archives of Medicine.

The Social History of the Eighth International Medical Congress, by Bryan Delavan, M.D., New York, D. Appleton & Co.

On a Peculiar Ringed Appearance of the Prepuce and Glans, by R. W. Taylor, M.D. Reprint from the Archives of Medicine.

Hydrochlorate of Cocaine, by M. Landesberg, M.D. Reprint from the Proceedings of the Philadelphia County Medical Society.

Typhoid Fever and Low Water in Wells, by Henry B. Baker, M.D., Lansing, Mich. Reprint from Report of State Board of Health.

Special Report on the Outbreak of Small-Pox in Hungerford Township, Ontario, by P. H. Bryce, A.M., M.D. Secretary Provincial Board of Health.

Outlines of Vegetable Histology, by Mrs. Wm. Streeter, President of Section of Botany, R.A.S. Published by Davis & Leyden, Rochester, N. Y.

Report of Committee on School Hygiene in Tennessee, by Daniel F. Wright, M.D., Clarksville, Tenn., Chairman of Committee. Reprint from Report of State Board of Health.

Official Report of the Trustees and Officers of the State Hospital for the Insane for the Southeastern District of Pennsylvania, at Norristown, Pa., for the year ending September 30, 1884.

From James C. White, M.D., Professor of Dermatology in Harvard University:—

Cases of Arsenical Dermatitis. Reprint from Boston Medical and Surgical Journal.

A Case of Unilateral Chromidrosis. Reprint from Journal of Cutaneous and Venereal Diseases.

Psoriasis; Verruca; Epithelioma; a Sequence. Reprint from the American Journal of Medical Sciences.

School Hygiene in Relation to its Influence upon the vision of Children, an address delivered before the Medical Association of Georgia, by A. W. Calhoun, M.D., President, Atlanta, Ga.

The Jenner of America. An Address Delivered before the Philadelphia County Medical Society, by W. M. Welch, M.D., Retiring President. Reprint from the Proceedings of the Society.

A Study of the Nutritive Value of Branny Foods, by N. A. Randolph, M.D., Demonstrator of Physiology, University of Pennsylvania, and A. E. Roussel, M.D., Resident Physician at the Philadelphia Hospital.

Differentiation the Test of Civilization; The Education of the Specialist. Annual Address Delivered before the American Academy of Medicine at Baltimore, Md., October 28, 1884, by Benjamin Lee, A.M., M.D., Ph.D., President of the Academy.

An Examination of the Feces of Twenty Persons Receiving Inunctions of Cod-Liver Oil, by N. A. Randolph, M.D., Assistant Demonstrator of Physiology, University of Pennsylvania, and A. E. Roussel, M.D., Resident Physician at the Philadelphia Hospital.

Circulars of Information of the Bureau of Education:—

Building for the Children in the South, by Rev. D. A. Mayo.

Rural Schools, by Miss Annie T. Smith.

Aims and Methods of the Teaching of Physics, by Professor Charles K. Wead, A.M., of the University of Michigan.

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## *REPORT OF INTERESTING CASES*
TREATED AT
## *THE SURGICAL INSTITUTE,*
NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

[Continued from last number.]

IN cases of general muscular debility, which are accompanied by torpid liver, constipated bowels, a general feeling of *malaise*, and the train of evils following in the wake of atonic dyspepsia, the most brilliant results are obtainable from the use of the massage apparatus described as Fig. 1. This is exactly what should be expected when we remember that by muscular activity in health every portion of the human body is receiving a kneading more or less vigorous. Thus the movements of the diaphragm, by its ascent and descent, keep up a sort of massage on the organs above and below it, while the voluntary muscles throughout the entire body are continually kneading and compressing themselves and each other by their constant contraction and relaxation. Thus to imitate the processes of nature herself is the true method of treatment to be employed in cases where atony and general debility are the ruling symptoms.

The most rational treatment is that which restores the normal life processes, not attempting to drive exhausted organs to their work, but to assist them. The voluntary muscles receive normally one-fourth the entire amount of the blood in the body, and by their constant and vigorous movements it is aided in returning to the heart, after nourishing the parts through which it circulates; but when the muscles are inactive the circulation becomes retarded, the parts enfeebled, the muscles more or less atrophied from disuse, until finally even the blood itself deteriorates in quality. Here, again, the cause of the trouble incident to the enfeeblement of the muscular system suggests the remedy, and when enfeebled organs are unequal to the task of their own repair, the skill and judgment of the surgeon should be expended in following the indications pointed out by nature's methods. When the muscular system is in a healthy condition active exercise will remove the trouble, when it is not, the rational treatment is to imitate nature, for which no better means than massage are known; and this, to be effective, must be prolonged and thorough and must include the manipulation of the entire body.

The machine described as Fig. 1 will thoroughly exercise the entire torso. Fig. 2 represents a most useful and thorough massage apparatus for the limbs.

To use it for the lower limbs the patient occupies the seat *A*, which slides to and fro by means of the wheel *A*, the leg passing between the adjustable upright arms *C C*. These arms move up and down very rapidly, carrying a great number of elastic rubber roller balls which press upon and rub the limb with astonishing precision and thoroughness. By seating the patient on a chair or stool at the foot of the machine the arm can be treated in like manner. It will accomplish as much as eight or ten machines of the patterns used in the Swedish movement cure at Stockholm. It reverses about five hundred times a minute; the rubber rollers thoroughly kneading the muscles without discomfort or pain. Appropriately used, it greatly increases the development of enfeebled, atrophied, or paralyzed muscles, and is almost indispensable in the treatment of stiffened joints, muscular rigidity, and all forms of lameness of rheumatic origin.

By the use of these two machines massage of the entire body can be performed much more thoroughly than by hand, and the most gratifying results are constantly being obtained, as shown by the following cases:—

Case I.—Mr. H., a college professor, aged fifty-one years, came to the Institute utterly run down mentally and physically, much emaciated, suffering from atonic dyspepsia, torpidity of liver and bowels, obstinate constipation—the bowels never being evacuated naturally, and requiring the constant use of both purgatives and enema—skin sallow, eyes sunken, depressed in spirits, rendering him unable to continue his work. He had exhausted all known remedies used in such cases and had consulted without avail eminent physicians whose specialties were the treatment of such disorders as he was suffering from. He was under treatment here about three months. The treatment was principally massage and friction over the region of the liver and abdomen by means of "body kneader" (Fig. 1) and the free use of the limb kneader (Fig. 2), thus giving a very complete massage to the whole body. The flagellator and compound gymnasium, hereafter to be described,

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were also occasionally used as adjuncts to the treatment. A marked improvement became apparent in a few weeks, and three months' treatment completely restored his health. His natural courage and vivacity returned, his bowels acted normally without any medicine, his skin assumed its proper hue, and he has been for a year past able to continue his work (which often occupies him from 7 A.M. to 10 P.M.) with complete satisfaction, comfort, and success. To use his own statement on a recent visit to the Institute, he has become a "new man."

Case II.—Miss B., aged thirty, deplorable case of dyspepsia with great nervous depression, constipation, torpid liver, sallow complexion, appetite irregular and erratic, headache, painful and scanty menstruation. No local treatment was resorted to for the uterine trouble, no cathartics or laxatives were given for the condition of the liver and bowels except for the first eight or ten days, the treatment being wholly such as described in preceding case. The menstrual trouble was very greatly relieved, the constipation entirely cured, the appetite became regular, she improved in flesh, and regained her courage and spirits, and left the Institute after two months treatment, considering herself entirely well.

Case III-—Miss S., aged twenty-four, dyspepsia with marked torpidity of liver and bowels, constipation obstinate, and menstruation irregular, complexion sallow, appetite poor and irregular, constant dull headache, spirits depressed, shunning company, and ex-

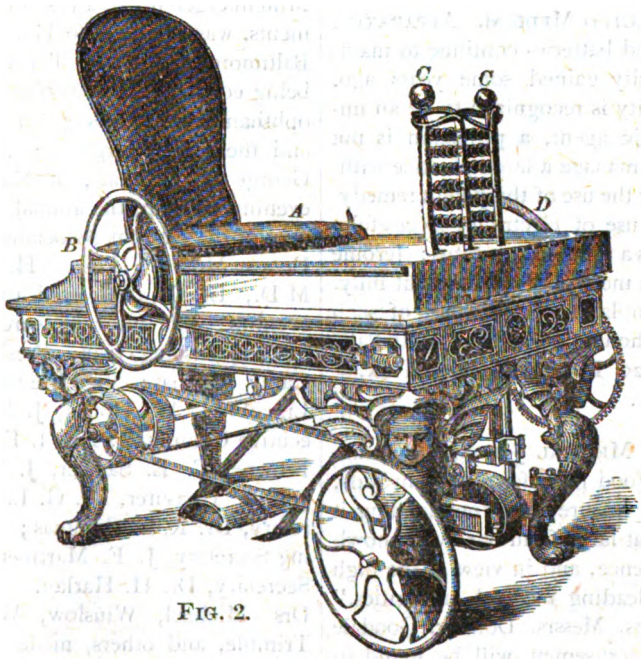


FIG. 2.

hibiting the whole train of symptoms so common in cases of dyspepsia and uterine disorders. Two months' treatment of body and limbs with massage by machinery described, together with daily exercises with compound gymnasium and electricity improved her to such a degree that she declared herself cured.

Case IV.—Mr. W., aged thirty-six, insurance agent, had been intensely occupied with intricate and exacting business, which had resulted in a complete breakdown of the nervous system. He was weak and emaciated, his stomach was so irritable that he was unable to eat the most digestible articles of food without genuine or imaginary pain and suffering, bowels were sometimes constipated; at other times he had diarrhœa with colicky or crampy pains. He had become almost an insane hypochondriac. After he became able to go out of the house, which he did at the end of one month's treatment, he could walk over the plain pavement between streets but imagined himself unable to cross a street without assistance. After five months' treatment of general massage with Franklin electricity and the simplest tonics, he was able to return to his business and has been able to continue at his desk ever since.

[To be continued.]

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## OUR ADVERTISERS.

HYDROLEINE.—We are sure many in the profession and many out of it have already become familiar with Hydroleine, so long and successfully manufactured by William F. Kidder & Co., 83 John Street, New York. Hydroleine has a special advantage over its rivals in the fact that it readily mixes with water or almost any menstruum, an advantage which will be readily appreciated by those who prescribe cod liver oil in the various maladies to which it is adapted. Our personal experience with this preparation has been extensive and in every case highly satisfactory, not only to ourselves but also to the patients for whom it has been ordered.—*Exchange.*

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THE EASTERN MEDICAL JOURNAL in speaking of Mellin's Food for infants and invalids, says, "We take pleasure in recommending it to the profession at large from our own knowledge of its excellence, and in view of the high endorsements of leading medical authorities." The manufacturers, Messrs. Doliber, Goodale & Co., whose advertisement will be found in this journal, will be glad to send free, to any physician who may ask for it, a sample of Mellins Food sufficient for a thorough trial of its merits.

THE Anglo-Swiss Condensed Milk, which is being advertised in this journal, has won the highest encomiums from the most competent authorities, as one of the best foods for infants and invalids. A treatise on this all-important topic will be mailed, free of cost, to all applicants by the Anglo-Swiss Condensed Milk Company, 86 Hudson Street, New York City, or can be procured of druggists.

## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Surgeon to Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Surgeon to Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

The annual commencement of the University of Maryland took place on the 17th of March at the Academy of Music. There were seventy-four graduates in medicine and thirty-six in dentistry. Samuel Schwalbe carried off the first prize, a gold medal, for the highest general average in the examinations. Dr. Schwalbe, six years ago, when at the gymnasium at Pesth, Hungary, passed the first examination, but the prize six hundred gulden, was refused him on account of race, he being a Hebrew. The Miltenberger prize, a case of obstetrical instruments, was awarded to Harry M. Thomas, of Baltimore, and E. P. Turner, of Virginia, as being equal. The Chisolm prize, a Knapp's ophthalmoscope, was given to S. L. Phillips, and the Tiffany surgical prize was obtained by George N. Everhart, of Maryland. On the evening of 17th, the annual reunion and banquet of the Alumni Association was held at the Eutaw House. Lewis H. Steiner, A.M., M.D., LL.D., delivered the oration of the evening. The following were elected as officers for the ensuing year: President, Dr. James Carey Thomas; Vice-Presidents, Dr. N. S. Lincoln, J. W. Houck, J. F. McShane; Executive Committee, Drs. I. E. Atkinson, B. B. Browne, C. E. Sadtler, J. T. Smith, C. H. Jones; Treasurer, Dr. G. L. Taneyhill; Secretary, Dr. R. H. Thomas; Assistant Recording Secretary, J. F. Martinet; Corresponding Secretary, Dr. H. Harlan. After the banquet Drs. Michael, Winslow, Woods, Warfield, Trimble, and others, made short speeches in response to calls.

Dr. Ridgely Warfield (Class 1884) has been appointed Assistant Resident Physician at the University Hospital.

Dr. S. D. Phillips of this years class, will be Resident Physician at the Presbyterian Eye and Ear Hospital after April 1st.

W. F. Coleman, M.D., M.R.C.S., Eng., formerly of St. Johns, N. B., has been elected Professor of Eye and Ear Diseases in the Baltimore Polyclinic and Post Graduate Medical School.

Dr. H. E. Ames, U.S.N., has been ordered to the Brooklyn Navy Yard.

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

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## A CLINICAL LECTURE.

### *DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.*

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

### LECTURE II.

### ELECTRO-DIAGNOSIS.

MR. PRESIDENT AND GENTLEMEN: We pass to-night from the study of tendon reflex to the consideration of electricity as a means of diagnosis in nervous diseases. To the great English physician, Marshall Hall, is due the credit of having first directed the attention of the medical profession to the value of electricity in the diagnosis of paralytic diseases (published in the Medico-Chirurgical Transactions for 1839, and quoted from Althaus on Medical Electricity, 1860). Although some of his conclusions are erroneous, yet his investigations served their purpose in stimulating research by others. Dr. Hall's theories were criticised and objected to by Dr. Pereira in 1841, and by Dr. Copland in 1845. Todd, in 1847, followed with an able paper "On the Contractility or Irritability of the Muscles of Paralyzed Limbs, and their Excitability by the Galvanic Current, in Comparison with the Corresponding Muscles of the Healthy Limbs." *Ibid.*

The results of these investigations, with the later researches by Duchenne, and the more recent by Erb, Ziemssen, Brenner, Dubois-Raymond, De Watteville, and a host of others, enable the diagnostician of the present day to employ, with considerable precision and skill, electricity in the diagnosis of certain nervous diseases.

It is necessary, at the beginning, for us to consider certain preliminaries, which must always be understood and arranged before attempting to use electricity in investigating disease. Both the galvanic and faradic currents should be employed. In choosing a faradic battery, one containing a slow and a rapid interrupter should be selected. The faradic battery I show you, made by Otto Flemming, of Philadelphia, has the necessary interrupters, and is one of the best and most satisfactory of the kind. A good stationary galvanic battery is constructed from the Hill's gravity element, or better, from Siemen's and Halske's modification of the Daniell-element. Most portable constant current batteries are objectionable, especially for diagnostic purposes. The least objectionable, and the one now employed by several electricians, is constructed from the Leclanché element. In the ordinary zinc and carbon portable galvanic battery, the current rapidly rises to the maximum, and then quickly declines to zero. After such a battery has been in action a few minutes, the current from a given number of cells is much weaker than at first, hence the difficulty in making acccurate comparisons of nerve and muscular irritability on both sides of the body, even at the same sitting. But when the reactions obtained at one examination are to be compared with observations made a week later, the difference in the strength of the current may be more marked, and the value of the comparative examinations consequently lessened. The galvanic current may be broken

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by simply taking off one electrode, but it is much more convenient and satisfactory to have the interruptions made in the handle of the electrode by means of a button, such as I show you.* Besides the ordinary sponge electrodes, it is well to have a few small olive-shaped ones covered with chamois skin, or what will answer equally well, according to Dr. Massey, a thin layer of absorbent cotton, for picking out small muscles. A muscle is said to be stimulated directly when the exciting electrode is placed over the muscle, and indirectly, when the electrode is placed over the motor nerve supplying the muscle, known as the motor point.

In health, direct and indirect stimulation of a muscle is followed by the same amount of contraction. When the faradic current is used simply for excitation, the cathode or negative pole, which is the irritating one, should be placed over the nerve or muscle to be excited, and the anode, or positive pole, on some indifferent part. In employing the galvanic current for the same purpose, either the positive or negative pole may be placed over the part to be stimulated, and the other, the indifferent electrode, preferably over the sternum, according to Erb (Bartholow). The cathode or negative pole of the galvanic current, has greater exciting power than the anode, and causes contraction chiefly on closing the circuit, whilst the anode causes contraction chiefly on opening the circuit (Bartholow).

*To Examine for Reactions of Degeneration.*—Have the limbs whose muscles are to be tested in the same relative position, with muscles equally relaxed. When the skin of the person to be examined is dry and harsh, the parts over which the electrodes are to be placed should first be thoroughly moistened. Then the sponge or electrode covers should be wet with warm water or a warm solution of salt to increase their conductivity. The use of the salt is important for diagnostic purposes where the weakest current that will cause contraction of the healthy muscles is used, and compared with the effect of the same strength of current on the affected or paralyzed muscles. After moistening and applying the electrodes on one side, do not rewet them or change the position of the indifferent electrode until the comparison is made. Continuous and equable pressure with each electrode should be made. If the muscles of only one side are affected, a comparison is made with those of the healthy side; but if both sides are diseased, the comparison is made with the reactions obtained from corresponding muscles in a healthy individual. I will repeat that the comparative examination for nerve and muscle irritability should be made with the weakest current necessary to produce slight contraction of healthy muscles. But this is not enough. Gowers says: "Two conditions may be tested—first, the lowest strength of stimulus to which the muscle or nerve will respond; and secondly, the relative degree of response to a stronger current. The former is the more important, but has been insisted on too exclusively, for the latter is important also. If a few fibres of a nerve are healthy, and the others are degenerated, contraction may occur with as weak a stimulus as in the healthy nerve; but if the current be made a little stronger, the contraction in the diseased part may remain the same when that on the healing side is energetic. Both irritability and power, therefore, should be noted."*

Begin the examination with the faradic current, because the muscles as a rule fail to respond to this current first. Several comparative observations at the same and at different times are necessary. It is important that the effects of the current be limited to the muscles under investigation, and that a derived is not mistaken for an exciting current. The muscle should be stimulated directly by applying the excitant electrode over the muscle, and then indirectly by placing the electrode over the motor point of muscle.

When a healthy muscle is stimulated, either directly or indirectly, by means of the galvanic current, the normal formulæ of reactions (the stronger being stated first in the order named) are as follows:—

| | | |
|---|---|---|
| 1st. Cathodal closure | contraction | Ka SZ |
| 2d. Anodal opening | " | An OZ |
| 3d. Anodal closure | " | An SZ |
| 4th. Cathodal opening | " | Ka Oz |

The above reactions of a muscle are obtained in the following manner:—

For cathodal closure contraction, place the positive pole over the sternum and the negative over the belly of the biceps muscle; then sud-

*Gowers prefers the interrupter to be attached to the battery, and not in the handle of the electrode (Diseases of the Spinal Cord, p. 42).

* Diseases of the Spinal Cord, p. 43.

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denly close the circuit. If now, without changing the position of the poles, the current is suddenly broken, the reaction will be cathodal opening contraction. For anodal closure contraction, place the negative pole over the sternum and the positive over the biceps muscle of the arm; then close the circuit. The anodal opening contraction, which in strength is next to the cathodal closure, is obtained by quickly breaking the circuit while the poles occupy the last-named positions. In numerous primary and secondary affections of nerves and muscles, only quantitative changes from the normal reactions may be found; but whenever degeneration of muscular tissue takes place, the above formulæ will be variously changed, giving rise to reactions of degeneration.

By means of electricity and associate symptoms we should endeavor to determine the cause of the paralysis, which may lie in nerve, muscle, spinal cord or brain. Following the method pursued by Professor Bartholow in his admirable and practical treatise on "Medical Electricity," we will first study the effect of electrical stimulation of muscles primarily diseased. Exposure to cold and contusions may paralyze a muscle. According to Friedreich's theory the disease, known as progressive muscular atrophy, begins in the muscles and extends to the nerves, and finally to the multipolar cells in the anterior cornua of the cord. For a very short time in all irritative lesions of muscles, where the muscular tissue is not already destroyed, the electro-contractility is nearly normal for the faradic current, and more or less increased for the galvanic. But as soon as the muscular tissue begins to degenerate the electrical irritability lessens. The muscles fail to respond to the faradic current first, whilst to the galvanic qualitative and quantitative changes are found. Finally, when fibroid and fatty transformations have gone on to the destruction of all contractile tissue, the muscle will no longer respond to the strongest possible faradic or galvanic current.

As has been stated, a given current of electricity excites the same amount of contraction, whether applied to a muscle or its motor nerve. Claude Bernard, by paralyzing the end organs of the nerves, was the first to demonstrate the fact, now recognized by all physiologists, that the muscles are endowed with a certain amount of contractility irrespective of their associate nerves. Whilst it is important for us to bear this in mind, and test for nerve and muscle irritability separately, it is equally important for us to remember that the healthy state of the muscles depends directly upon the normal condition of the motor nerves, and that a muscle cannot long remain severed from the innervating influence of its motor nerve without undergoing degeneration. Now it sometimes happens that a motor or mixed nerve is disabled by primary or secondary inflammation, or by contused or incised wounds. Under such circumstances, during the stage of irritative inflammation, the irritability of the nerve is increased to both currents. If the nerve is softened or destroyed by inflammation, the irritability of nerve and muscle gradually lessens and may be finally lost to both currents. In clean cut wounds of nerves, where the latter is entirely divided, the increase of the nerve irritability is less than in contused wounds, because the resulting inflammation is not so great; but, if the injury is irremediable, the nerve failing to unite, both muscle and distal portion of motor nerve undergo fatty degeneration and lose alike their power of responding to all kinds of stimuli. If a divided nerve unite it will conduct volitional impulses before the muscle can be made to contract by the galvanic or faradic current.

[Concluded in June number.]

# ORIGINAL COMMUNICATIONS.

## *ABDOMINAL SURGERY; SEVEN CASES.*

BY E. V. MONTGOMERY, M.D.
Late Obstetrician to the Philadelphia Hospital.

[Read before the Clinical Society, February 27th, 1885.]

ALTHOUGH the majority of these cases have been published, we feel that they present points of sufficient interest to permit of their being grouped together, and they thus enable us to discuss more readily the treatment and results.

CASE I.—*Ovarian Tumor; Ovariotomy; Recovery.*—Mary W., æt. 28 years, married, of irregular habits, entered the Philadelphia Hospital April 23, 1879. Health had never been good, and had a family history of phthisis. Menstruation began at twelve years, and continued until four years before. She had had three miscarriages; the first at five months.

A swelling appeared in the left inguinal

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region four years before, which increased gradually, and during its growth her menses had occurred at irregular intervals. Within the last two years she had had occasional retention of urine, requiring catheterization, and had had continual morning sickness. The distress in the back and lower part of the abdomen had been so severe as at one time to lead her to attempt suicide, for which she was confined in the Insane Hospital. She was still irritable, and at times required close watching to prevent attempts at self-destruction.

The abdomen was nearly symmetrical, slightly more prominent to the left; while recumbent, percussion was now resonant over the superior part of the tumor, and tympanitic in the inguinal region. Fluctuation was quite distinct. The abdominal walls were freely movable, and the tumor could be seen to move up and down during respiration. The uterus was neither enlarged nor connected with the tumor. The tumor was decided to be a left ovarian cyst, and its early removal advised. The patient consenting, four weeks later I performed the operation, assisted by Drs. Walker, Warder, Bell, Heller, and Martin. The spray and other antiseptic precautions were used. An incision three inches long was made to the peritoneum, when, no bleeding occurring, the latter was opened, and the pearly-tinted cyst disclosed. Finding no adhesions, the incision was extended to five inches, the sac punctured with the trocar and drawn out, as its contents were discharged. There were no adhesions. A clamp was temporarily applied to the long pedicle and the tumor removed. The pedicle was treated intra-peritoneally, tied with silk in two sections, and the ligature from one side tied around the whole stump. The right ovary was found to contain two small cysts, but, as my principal assistant, Dr. Walker, feared its removal would prejudice the result, it was allowed to remain. The abdominal cavity carefully cleansed, the wound was closed with silver sutures, half an inch apart, and including nearly an inch of the peritoneal surface. The antiseptic dressing was applied, and the patient placed in a bed previously heated by cans of hot water. The operation occupied thirty-two minutes, and was followed by no shock. She had some nausea and vomiting, which was controlled by mustard sinapism and sipping hot water. Later, she was so violent that morph., gr. ss., was given hypodermically, and subsequently chloral, gr. xx, per rectum. The delirium was most marked upon the first, fifth, and eighth days, requiring the nurse at times to hold her in bed. The highest temperature reached was 101.6, occurring on the evening of May 22d, the second day, and became normal the morning of May 24th. She was able to walk into the clinics two weeks after the operation. She has returned to the hospital at various times since the operation, and was an inmate of the obstetrical ward during the early part of 1884, suffering from the effects of a recent abortion.

CASE II.—*Cancer of the Uterus and Rectum; Colotomy; Survival One Year; Death; Autopsy.*—Louise P., æt. 35 years, domestic, of German descent, married, mother of five children, was admitted to Philadelphia Hospital in April, 1880, suffering from cancer of the uterus and rectum, causing stricture of the latter viscus. The trouble began eighteen months before as an uneasiness about the rectum, difficulty in defecation, attended with straining and pain. The discharges were slight, liquid, of a muco-purulent and occasionally bloody character. This condition continued, better or worse at intervals, until within five months of her admission, when it became permanent. She was treated for several months at St. Mary's Hospital, with but little relief. She is greatly emaciated, presents a sallow cachectic appearance; complains of want of appetite; nausea, and frequent stools, largely of a muco-purulent and sanguineous character, attended by great straining and severe pain.

Her previous health was good. She denies any syphilitic taint. Her habits are bad, being intemperate, and an inveterate user of snuff. Mother died from "rectal obstruction," most probably cancer. Menstruation had ceased.

The uterus was retroverted, hard, dense, immovable. Posterior wall of vagina rigid. Rectum was obstructed an inch from the anus by a firm annular stricture, which would not admit the little finger.

April 14, 1880, the patient was etherized and rectotomy was performed, by passing a probe pointed bistoury through the stricture and cutting toward the sacrum. The rectal walls were infiltrated and contracted, so far as the finger could reach. The following day a severe diarrhœa set in. She progressed from bad to worse; stools were then muco-purulent, attended with great straining and agonizing

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pain. The skin was a dirty-brown color, and emitted an offensive odor. She was weak, without appetite, and suffered from nausea and vomiting.

April 28th, 9 A.M., she was brought before the class for colotomy, though her condition was such as to render the efficacy of any operative interference extremely doubtful. Drs. Parish, Musser, and Stryker assisted in the operation. She was placed upon the right side with a good-sized pillow under the abdomen. A stain with iodine was made at a point half an inch posterior to the middle of a line drawn from the anterior to the posterior superior spine of the ilium. An incision, midway between the lower rib and crest of the ilium, was made from the erector spinæ mass, obliquely forward, four inches, through skin, superficial fascia, and lumbar aponeurosis, to the quadratus muscle, tearing through the fascia covering it anteriorly. The gut protruding into the wound, it was transfixed by two sutures, three-fourths of an inch apart, drawn out, and an opening made between them. The gut was then attached to the skin by six wire sutures. The wound was dressed with oakum, saturated with carbolized oil.

She stood the operation badly, and it was only through frequent subcutaneous injections of whiskey by Dr. Parish that she survived it. She, however, rallied from the shock, and recovered without difficulty. The first evacuation through the artificial anus occurred on May 2d, the fourth day after operation, and was painless. By the end of a month she was able to attend to herself and go about the house at will.

*Oct. 8th.* She looked much better than upon her admission; had a marked tendency to diarrhœa, which was controlled by morph. gr. ¼ daily. With the morphia she had two evacuations daily. With each evacuation from the side, there was a muco-purulent discharge from the anus. Death occurred in May, 1881, from exhaustion.

*Autopsy.*—Body greatly emaciated. The intestines were everwhere glued together by old bonds of adhesion. The whole of the rectum and part of the sigmoid flexure had undergone malignant degeneration and softening. The opening of the artificial anus was about five inches above the flexure, and the portion of bowel below it was contracted and empty.

CASE III.—*Multiple Uterine Fibroid Partially Calcified; Removal; Death; Autopsy.*—Maria B., (colored), æt. 53 years, single, domestic, was admitted to the Philadelphia Hospital April 21, 1880, with a large abdominal tumor, which had first appeared some seventeen years before. The growth was first noticed in the left inguinal region and gradually grew until it completely filled the abdomen. Her greatest distress had been from the size and weight of the tumor. She had a sister suffering from a similar growth. The menopause had occurred seven years before, after which the tumor had remained unchanged. During her menstrual life the flow was excessive.

She was greatly troubled with constipation; appetite variable; digestion moderate; pulse soft, compressible. The abdomen was very prominent in the upright position, so that she was obliged to lean back to support it. The superficial veins of the abdomen were distended. The abdomen is quite irregular, more prominent to the right; below and to the left, above and in the centre the umbilicus protrudes like a nipple.

The tumor was fully movable, irregular or nodular, and presented a flat surface in the hypogastric region, the pedicle, hardly an inch in diameter, could be distinctly felt. The tumor was very hard, and intestinal resonance could be distinguished at each side.

Per vaginam: the hymen was unruptured, the os normal, cervix elongated, apparently attenuated, posteriorly, a large mass filled up the pelvis, and another above. Per rectum: a large hard tumor in Douglas's *cul de sac* pressed upon the rectum, was as freely movable as the space would admit, and was continuous with the mass above. It had undergone calcareous degeneration, as was shown by the density and cracking of a bony plate during examination.

In view of the patient's hapless condition and her desire for the removal of the tumor, an operation was deemed desirable.

After suitable preparatory measures, the patient was etherized and brought before the class May 5th, and the operation performed under carbolic spray. Drs. Warder, Parish, Lynn, Stryker, and Hatfield assisted. An incision four inches long, avoiding large veins, was made to the peritoneum, hemorrhage arrested and the latter opened, when a few ounces of ascitic fluid escaped. Finding the cervix sufficiently long for a pedicle, the abdominal wound was extended above to the

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umbilicus and below to an inch of the symphysis. The growth was a cluster of fibroids; the largest, situated above to the left, had extensive omental adhesions, which, being very vascular, were tied by a double ligature. Considerable difficulty was experienced in bringing this portion through the opening. It was connected with the main tumor by a pedicle the size of the wrist, which was ligated and the mass removed. The cervix and broad ligaments were then ligated in three sections just above the bladder with iron wire, and the remaining portion removed. Two of the tumors were so near the ligatures that the excision had to be made through them, after which the remaining portions were enucleated. This loosened the wire, so that it did not entirely control the bleeding; a clamp was temporarily applied, the surface seared with a hot iron and the stump encircled by another wire. After arresting all bleeding and carefully cleansing the abdominal cavity, the wound was closed with silver sutures, excepting at the lower angle, where a glass drainage tube was inserted.

The complete Lister dressing was applied to the wound, and the patient placed in a well-warmed bed in a private room. The operation occupied two hours, and was followed by profound shock, but she rallied under whiskey and digitalis and external heat.

8.30 P.M., T. 101°, P. 116; had pain over the abdomen, nausea and vomiting were marked during the afternoon, but yielded to rectal injection of chloral.

*May 6th.* 4 A.M., T. 101.4°, P. 138.

4 P.M., T. 103.8°, P. 152. As the dressing was saturated with discharge, it was renewed under the spray.

*7th.* 7.30 P.M., T. 100.6°, P. 140; shows evidence of failure; tongue, dry, parched and tremulous; skin covered with a cold, clammy sweat; abdomen tympanitic, and distended to the size before the operation.

Death occurred at 4 P.M. Autopsy twenty hours after death.

The peritoneal line of incision was united, excepting at the point of entrance of the drainage tube. The intestines were distended, and the peritoneum injected. The intestines were glued to the pedicle, but nowhere else in the abdomen were there any flakes of lymph or any pus. The pedicle itself was in good condition; lymph had been thrown out, gluing it to the adjacent intestines and encysting the wire. The bladder was in a normal condition, though the wire encircling the pedicle was in close proximity. The remaining cervix measured 2½ inches. Kidneys large, fatty; capsule easily separated. Liver fatty. Heart soft, flabby; aortic valves contained bony plates. The aorta had undergone atheromatous degeneration, and contained numerous plates of calcareous formation.

The mass removed weighed twelve pounds, and presented a large number of tumors of the submucous, mural, and subperitoneal varieties, varying in size from a hickory-nut to that of the largest, which weighed seven pounds.

[Continued in June number.]

## *WHEN DOES SYPHILIS BECOME CONSTITUTIONAL?*

BY DR. ERIK PONTOPPIDAN, OF COPENHAGEN.

THE solution of the question at which epoch syphilis has invaded the whole organism and from a local lesion has become a constitutional disease, has of late won a more actual and particular interest, since the treatment of the induration by excision has been proposed, and, by several, rather extensively carried out. This treatment must, to anybody believing in the purely local nature of the initial sclerosis, occur as theoretically well-founded, while those who consider the induration as the first symptom of an already universal disease, *a priori* must be against the excision as being of no use.

These two theories are in fact standing against each other as hard as ever up to this day. I avoid on purpose the expressions "Unicists" and "Dualists," although they are commonly used, because in this question their use is not logical. Certainly do the unicists, as a rule, look on the induration as a local focus from where the virus spreads later on; while the dualists generally see in it the first symptom of an universal infection. But the terms themselves express neither more nor less than the postulates for one or for two virulences in the two sorts of chancre, without any necessity founded either on logic or on facts for a particular view in the question of the local or constitutional nature of the induration. In other words, it is possible to believe in two different sorts of virus, for the ulcers simply and the induration, to be dualist, and at the same time partake in that view of the induration as a

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purely local process, which is generally accepted as the unicist's theory. The thing is, that we have to do with two essentially different conclusions based on essentially different proofs and facts. The main proof for or against the acceptance of two species of virus lies, as by any other decision on species, in the natural history of the propagation; if soft sores always propagate as soft sores, and syphilitic chancre always gives syphilis, we have two distinct kinds of disease; if one may develop into the other, if soft sores can propagate as syphilis and *vice versa*, they are only variations of one virus. But this is quite a different question from that which here is to be considered, namely, how the syphilitic initial sclerosis is to be accepted and valued in the series of symptoms, as a still purely local or as a constitutional affection.

Now the results of the chancre excisions have been set forth as giving at last a practical solution of this vexed question. The partisans of the method of excision point to the cases where the outbreak of constitutional syphilis has been kept away by excision of the primary sclerosis as positively proving that the virus is originally limited to a local point, while their adversaries show how the excisions no doubt rather frequently fail as a prevention against the universal outbreak, and in this failure find the proof that syphilis already was constitutional. But the sober truth is, that as the results of the excisions up to now are: the greater part followed by syphilis and a smaller part not, is it possible to use them as proofs with just as good or better, with just as bad right in the one way and the other? The cases where syphilis has not followed after the excision, are, up to the present time, so proportionately few that they hardly are able to exclude the possibility that an outbreak perhaps also otherwise would have stayed out, either on account of the uncertainty of diagnosis, or because some cases of undoubted induration remain local without later general symptoms ever being observed. Even the most competent authority at diagnosis falls short in producing the stringent evidence wanted in a scientific proof, when even it might be personally fully convincing. But on the other side are the numerous cases where excision has been followed by syphilis, even if they were more numerous and comprised every and all, by no means a sufficient proof for that fact, that syphilis at the time of the operation was universal. They show neither more nor less than that the infection at that time had spread wider than the part excised—how far, we have no means of knowing.

In order to find proofs for the significance of the sclerosis as an indication or not of universal infection, it is necessary to return to the good old experiment of inoculation. On such the theory of induration as a sign of completed universal infection has built its seemingly impregnable castle: Inoculation from a syphilitic induration to a non-syphilitic individual gives induration and syphilis; inoculation from an induration to an individual constitutionally syphilitic has a negative result; inoculation from an induration to the possessor also has a negative result: *ergo*, is this individual already constitutionally syphilitic?

This conclusion, seemingly of such superior validity, nevertheless has some rather weak points. Even if we provisionally accept the premises as just, it is easy to see that in reality nothing is proved from the very moment of the inoculation. But at all events only for this point of time, plus the incubation time for the eventual induration number two, or, in other words, that imperceptible process which takes place during the first weeks after the inoculation and which is called the first incubation, might possibly go on regularly like in any other non-syphilitic organism; but when the organism at the time, when the more pronounced proliferation, the induration, were to take place, at last has been universally impregnated with the virus, the induration number two does not any more find a virginal soil to develop in—we get a negative result.

If this reasoning be right, it does not lie far to assume that cases might be found, where inoculation had taken place so early, that a new induration would get time to develop more or less fully; and this is just what can occur. Wallace, Puche, Boeck, Bidenkap and Bumm have published single cases where auto-inoculation from a sclerosis has effected a new sclerosis. When these positive results only represent such very isolated exceptions in the crowd of experiments, is perhaps the explanation partly to be found in the way in which they generally are executed. As a rule, they are made after the example of Ricord, with a diagnostic view: if the inoculation from an ulcus after a day or two has given a positive

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result, this has been recorded: the ulcus was an ulcus simplex: or, the inoculation takes no effect, the mark of the lancet disappears in a few days; the result is noted down as negative; the ulcus has been an indurated chancre. In a long series of inoculations, which I have performed during several years as resident physician to the dermatological and syphilitic wards at the Communal Hospital, Copenhagen, it passed just as described in the commencement; but continuing the observation of the patients over a longer period, it caught my attention, that, in some cases, the already vanished inoculations after some weeks revived, showing small red spots or papules, which, by some very early performed inoculations, went so far as to develop into distinct, well-defined, inoculated sclerosis. As illustration, follows five of the most instructive cases; they were all observed during the patient's stay in the hospital, where they daily presented themselves, quite stripped, to be examined by the medical staff.

I.—C. I., was admitted in the hospital February 3, 1883. Day of infection cannot be stated, as he had repeated cohabitations up to a week before admission. He dates, himself, the infection three weeks back, when he observed an erosion on the glans, which later ulcerated. Now was found in sulcus coronarius a somewhat foul ulceration the size of a split pea; feeble, commencing induration was felt, though rather dubious; the glands in both inguinal somewhat swollen, perhaps not more than habitually though. The diagnosis being uncertain, on the second day three inoculations were made with the lancet on the abdomen. The fifth day (after the admittance) negative result was recorded; the traces of the lancet were wholly without reaction, and disappeared later. On the right side of the penis, about the middle, appeared a pustule, which left an excoriation about the size of a split pea, having on the eleventh day an infiltrated basis. The ulceration in sulcus coronarius meanwhile had become more distinctly indurated. On the thirteenth day was noted that the glands in the right region of late had become enlarged and indolent. On the fifteenth were the indurations, the cutane one too, increasing. On the place of inoculation appeared red, slightly elevated papules, the size of a hemp-seed. No constitutional symptoms. The papules, particularly one of them, increased in size, while the ulcerations healed up. On the twenty-second was one of the papules, the size of a pea, distinctly hard. On the twenty-seventh the ulcerations were healed, but strongly indurated, the papules stationary. On the thirty-first the papules were increased, the biggest the size of a bean, and distinctly indurated to the touch. The patient complained of headache and lassitude. The thirty-sixth day had all the indurations diminished a little, also the papules; the biggest of them had on the apex a crust. Macular syphilides broke out.

Consequently the patient exhibited three indurations, arising at different times, *s.c.*, the one on the glans, which was present by the admittance in the hospital, the cutane one, which on the eleventh day showed commencing induration, and on the fifteenth was distinctly indurated, and finally the inoculation papule, on the abdomen.

II.—I. I. was admitted on the 25th of June, 1883. Last coitus four days before admittance; last, but one, three weeks previous. A fortnight ago he had remarked small excoriations on the præputium. Now he presented in sulcus coronarius one large, deep ulceration, and several smaller, with dubious induration. The inguinal glands a little swollen. On the second day three inoculations were made on the abdomen, which on the fourth day showed no result. On the sixth the ulcers were cleaner, but the hard infiltration increasing. On the eighteenth the induration was strongly marked, extending to the orificium urethra. The swelling of the inguinal glands growing; no constitutional symptoms. On the twenty-third, appeared pale red, slightly elevated papules, the size of a pin's head, on the inoculation places. On the thirty-first broke out a macular and papular exanthema; the inoculation papules had, meanwhile, increased in size, distinctly hard to the touch. On the thirty-ninth they began to fade; the fortieth a cure was instituted (injections with hydrarg. formamid.). On the forty-fourth, the inoculation papules were scaly, and less prominent; the other papules still distinctly elevated. On the fifty-eighth the induration-papules had left pigmented spots, the other symptoms had, with the exception of a remnant of the induration, completely disappeared.

III.—M. I. was admitted in the hospital the 6th of August, 1883. Infection a month before. Patient had on collum glandis some bean-shaped, dirty, copiously secretive ulcerations, surrounded by rather insignificant induration, and accompanied by small swellings of the inguinal glands. On the third day three inocu-

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lations were performed, which, on the fifth, showed negative results. The ninth the places of inoculation were scarcely to be discovered. The eleventh the inguinal glands increased in size; indolent; no further symptoms. The sixteenth, on the inoculation places, which up to now had entirely disappeared, two red papules, the size of a pin's head, were discovered. On the twentieth day they had, particularly one of them, grown considerably, and were distinctly elevated. On the twenty-third the growth had continued, it was the size of a split pea, evidently hard to the touch, and had a scaly collar on the apex. No constitutional symptoms. On the twenty-fourth macular syphilides appeared on the body, also adenitis universalis; a cure (injections of hydrarg. formamid.) was commenced. On the twenty-seventh the spots were numerous, the papules indurated, sharply-defined to the touch, but more level and scaly on the surface. On the thirtieth the papules were quite level; the spots still to be seen. On the forty-first the spots had disappeared; the inoculation papules still to be observed. On the forty-second day superficial ulceration in the fauces, which were touched with nitrate of silver. On the forty-fifth day was still induration on glans, and swollen glands remaining, the other symptoms disappeared; in the place of the papules only level, pigmented spots.

IV.—T. A., was admitted on June 20, 1884, with dubiously indurated ulcus penis. Last coitus three days before admittance; last, but one, four weeks previous. The same day three inoculations were made, which on the third day showed negative results, while distinct induration and adenitis negreinatis were stated. From then no alteration was noted up to the twelfth day, when red, scarcely elevated spots, the size of a pin's head, appeared on the inoculation places. Induration and adenitis growing forcibly, and were, on the nineteenth day, very prominent. The inoculation places now showed three red, lenticular, plainly elevated papules. No constitutional symptoms. On the twenty-sixth day an outbreak of macular and papular syphilides. The inoculations now were the size of a split pea, and changed into pustules, which were covered with crusts. A cure of injections was begun. On the twenty-eighth a reinoculation from the pustules was performed, but without result. The eruption increased, and reached on the thirty-second its acme, also the inoculation pustules; on the thirty-sixth the crusts had fallen off and showed a more level, scaly surface. Now these papules, as well as the universal eruption, slowly went into resolution. On the fifty-second day they were still to be seen, but in a fading and level state, and on that day the patient was presented to the Dermatological Section of the International Medical Congress for verification. Dr. Barthélemy, of Paris, in his report from the Congress, in "Annales de dermatologie et de syphilographie," writes on the case: "Au moment où le Congrès est appelé à éxaminer le malade, les trois érosions sont guéries, mais elles forment, encore une saillie arrondie, ardoisée et dure, ayont l'étendue d'une petite pièce de 20 centimes. Ces trois lesions, telles quèlles sont encore au moment de l'examen, ont des caractères assez nets pour pouvoir etre diagnostiquées, sans hesitation et sans crainte d'erreur, *chancres syphilitiques* à la periode de reparation et d'induration persistante."

V.—L. A. was admitted the 12th of August, 1884, with a small ulcus sulci coronarii; date of infection, ten days previous. On the second day the ulceration was cleaner, but larger and infiltrated. On the fourth day (after inoculation) no result was recorded. The induration was now distinct. On the sixth day the inoculation places were scarcely to be seen. On the eleventh adenitis inguinalis was noted. On the 13th day, on one of the inoculation places (corresponding to the first puncture), appeared a small, red, not elevated spot. On the fifteenth the induration on penis was the size of a cent; on the eighteenth still increasing, also the adenitis inguinalis. The red spot slightly elevated. On the twentieth the inoculation papule was distinctly elevated; no constitutional symptoms. On the twenty-second a commencing dubious roseola was observed; the papule increasing; on the twenty-fifth it was as big as a pea, hard and elevated. Macular syphilides broke out, and a cure (injections) began. On the twenty-ninth the papule was a little paler and more flat. On the thirty-third day the eruption had disappeared, the papule red, but almost level. On the thirty-fifth it was evidently fading. On the fortieth all the spots had disappeared; of the inoculation papule there was only a trace.

These cases are so typical and so much alike that they might be comprised into a paradigma. An inoculation which is performed so early that the time corresponds with the first, com-

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mencing with, perhaps, rather dubious induration, gives after an incubation of two or three weeks as a result small, red, in the commencement, scarcely elevated papules, which always appear before the outbreak of constitutional symptoms and which indurate, growing to the size of a pea or bean, while they at last resolve and fade away after the constitutional symptoms have fairly developed.

These experiments show that the organism in certain cases can react against a syphilitic auto-inoculation, at all events up to a certain point, in precisely the same manner as any non-syphilitic. On account of the distinct incubation and the whole evolution of the papules, it is not possible to admit the thought of a Clerc's chancroid (which also is a positive result of a syphilitic inoculation on the person, but as an ulceration without any incubation). The only way to avoid the acknowledgment of my inoculation results as legitimate initial sclerosis seems to be, with Tarnowsky, to interpret them as the result of a disposition in syphilitic individuals, in the secondary period, for traumata to become a starting point for syphilitic manifestations, and particularly for a sort of pseudo-induration. Without discussing the merits of this theory, which to say the least are problematical, it is sufficient in the present case to point out how, in my patients, where the inoculation had result, it was so promptly answered with the appearance of indurated papules after regular incubation time in almost all the lancet punctures, while it never was seen that needle scratches or other lesions, which these individuals of course were not likely to avoid, were followed by anything like papules or indurations.

When these results are to be accepted as regular initial indurations, perhaps with a tendency to an abortive evolution, as the spreading universal infection takes away the soil beneath them, it is a strong point in favor of the theory, according to which the primary induration in the commencement at least is a purely local affection. If we get some more positive results of chancre excisions the proof will be decisive. As long as we have no criterion on the latent syphilis, we have no sure means to know how far the poison in the particular moment has spread. If we had, for instance, positive results of inoculation with blood from the period of the second incubation, the question would be solved; but it needs no explanation why such experiments must be out of the question. The discovery of a bacteria in syphilis might one day help us to the solution.

As it is I think that my results, even when there are no unassailable evidence, must lead to a conjecture supporting the theory of the gradual invasion of syphilis from a local focus. Analogy, as well from cancer as particularly from tuberculosis, points in the same direction. I might merely mention the well-known experiment of Cohnheim, where tuberculous matter, inoculated behind cornea, was resting seemingly inactive for twenty or thirty days, and then suddenly became the starting point for an evolution of tubercles on the iris and then spreading over the whole organism.

The exact point of time when the disease from local becomes universal cannot be stated, and may perhaps never be; but from my experiments one might be allowed to conjecture that it is somewhere in the second incubation, and that in some cases it can be as far as three weeks or more distant from the first appearance of the initial induration.

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## *CANCER OF THE TONGUE; WITH ESPECIAL REFERENCE*

### TO ITS ÆTIOLOGY AND TREATMENT BY OPERATION.

READ BEFORE THE MEDICAL SOCIETY, LONDON.

BY FRED. BOWSEMAN JESSETT, F.R.C.S. ENG.
Surgeon to the Cancer Hospital.

[Concluded from the April number.]

IN 1854, Chassaignac suggested an incision above the hyoid bone and the passing a wire or chain of an écraseur around the tongue. In this year also Middledorf introduced the galvanic écraseur. In 1866, Mannely first adopted Chassaignac's écraseur in this country.

In 1880 Kocker adopted a method of opening the mouth from behind and below the angle of the jaw to reach the base of the tongue and remove with it the tonsil, soft palate, or any other parts that may be affected. Whitehead, of Manchester, about this time, suggested removing the tongue by means of scissors, and at the same time Bilroth suggested the same operation, with the exception that he ligatured the lingual arteries first.

Morrant Baker has lately reintroduced the plan of splitting the tongue, removing either half with the écraseur. He also places a liga-

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ture around the portion last in the loop, as he finds the lingual artery is always to be found there.

Mr. A. Barker, in extensive operations, suggests that tracheotomy or laryngotomy should be always performed before the removal, and used Trendelenburg's tracheotomy tampon canula. He afterwards plugs the pharynx with a large sponge, with a string attached to prevent any blood getting either into the stomach or larynx. He thinks by this method there is less risk of septic pneumonia following the operation.

In all ordinary operations the back of the mouth can be easily plugged with sponges without tracheotomy being performed.

To Chassaignac we owe the introduction of the écraseur, and it was not until this instrument was brought to the notice of the profession that surgeons dared to remove the tongue through the mouth without an external wound.

It is to the relative merits of removing the tongue by this method, as compared to removal by scissors, that I wish now to draw your attention.

The methods now most in vogue for removal of the tongue at present may be divided into three groups, viz., the removal by the wire or chain or galvanic écraseur, either by unilateral or bi-lateral ablation; the removal of the organ by incision, *i.e.*, by the knife or scissors; and, lastly, those cases in which, from the extent of the disease, a more extensive operation is required, such as Symes's, Negnoli's or Kocker's.

In deciding if we are justified in operating in severe cases, we must be guided to a great extent by statistics.

Mr. A. Barker has collected 170 cases, and found in only 17 had the patient been free from a recurrence of the disease at the end of a year. In 210 cases he collected, the death-rate from various causes was 16.9 per cent. Of the 50 cases operated on at the Cancer Hospital during the last three years 8 died, or at the rate of 16 per cent., while of the 244 cases recorded by Gross 56 died in consequence either directly or indirectly of the operation, being at the rate of 22 per cent. Dr. Schäpher, in 50 cases, lost 11, or 22 per cent., and at University College Hospital, out of 21 cases operated on, 8 died, or a rate of 38 per cent. Thus the death-rate after the operation appears to be high. Doubtless many of these cases were operated upon not so much with a view to cure the patient as to relieve him of a mass of disease, which was rendering his life unbearable from the pain and loathsome nature of the disease. On the other hand, no doubt, many had been greatly comforted by the operation, although their days had not been prolonged.

To arrive at some kind of conclusion as to the best method to adopt in excision of the tongue, I have collected from the medical journals all the cases I can find reported for several years. I have also communicated with Messrs. Barwell and Gaul, who advocate the use of the écraseur, with Mr. A. Barker, who advocates the performance of tracheotomy in many cases before removal, and with Mr. Whitehead, who was the introducer in this country of the use of the scissors. To all these gentlemen I tender my sincere thanks for their courtesy in replying to my letters and furnishing me with what information they could on the subject. I have also collected and examined the records of the cases that have been operated on at the Cancer Hospital during the last two or three years. The results of my investigation are not so satisfactory as I could wish, but still much may be gathered from them.

For instance, we read in one paper an account of the difficulties and dangers one operator experienced in removing the tongue by the Whitehead method. In the following week another surgeon states he has never seen any dangerous hemorrhage arise during the operation performed in this way. Then again one surgeon contends that the écraseur, either wire or galvanic, leaves a lacerated, sloughy wound, which exposes the patient to much greater risk of septic poisoning than if the organ had been removed by incision.

Professor Stokes, in alluding to this subject in his paper, read at the Clinical Society in 1881, alluded to the cases operated on by Dr. Schäpher and Collis. The former surgeon, in 31 cases in which he removed the tongue by the écraseur, had only 3 deaths from septic causes, showing a percentage of only 9 per cent. of deaths; whereas, in 10 cases in which he removed the tongue by incision, he had 6 deaths from septic complication, or at the rate of 60 per cent. Dr. Collis had very similar results, as in 20 cases in which he removed the organ by the écraseur he had no deaths, whereas in 13 cases in which he removed it by scissors

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he had 8 deaths, or at the rate of 61 per cent. Mr. Barwell has furnished me with the results of his 14 cases removed by the écraseur, in which he lost none. Mr. Gaul 10 cases removed by the buccal operation and écraseur, with no deaths.

On the other hand, Bilroth's experience seems to have differed considerably from that of the above-named surgeons, as he has nearly abandoned the use of the écraseur and adopted the method of removing the tongue with scissors, ligaturing the lingual arteries first.

Mr. Whitehead has, in answer to my inquiries, most courteously furnished me with the results of his operations. He has removed the entire tongue 58 times, viz., 48 times by scissors and 10 by the galvanic écraseur. Of the 48 cases of the removal by scissors he lost 9, or at the rate of 18.7 per cent., but he explains this apparently high mortality to the fact that he frequently operated upon very advanced and hopeless cases at the request of the patients themselves, solely with a view to remove from the mouth a loathsome mass of disease, and with a prospect of lessening pain. He attributes the deaths of these 9 cases practically to septic poisoning.

The conclusions to be drawn from the above observations are: 1st. In all cases seen early of small nodules or ulcers, that do not speedily improve or disappear by treatment, they should be excised as early and as freely as possible. The best plan of doing this is undoubtedly by means of the knife or curved scissors, taking care to cut well into the healthy tissue. Should any hemorrhage occur the cautery will usually stop it.

2. The écraseur is applicable to the class of cases in which the disease is limited to some portion of the anterior part of the tongue, and here I unhesitatingly would adopt Mr. Morrant Baker's operation of splitting the tongue down the middle and removing the diseased half by the écraseur, adopting his precaution of placing a ligature around the last part included in the wire. Should both sides be affected, I should still split the tongue and remove each half separately, as by this means you can remove the parts much further back.

3. When the tongue substance is thoroughly infiltrated with the disease extending far back, it becomes a question whether the scissors or écraseur should be used. If the latter, the plan proposed and practised by Mr. Barwell is, in my opinion, the one by which the best results may be expected, as by it undoubtedly the wire can be placed thoroughly well behind at the root of the tongue. The buccal operation also gives much more room for the application of the wire well around the disease. But the length of time occupied in the removal and the almost impossibility of guiding the wire so as to embrace the whole of the disease appears to me the great drawback to this plan of treatment. Messrs. Whitehead and Bilroth's operations have in this class of cases very decided advantages, as they enable the surgeon to keep as clear of the disease as it is possible, and if care is taken to snip very slowly and keep the mouth well wiped out with dry sponges there is very little risk of hemorrhage. Care should be taken when approaching the lingual arteries to be ready to seize them with clamp forceps and tie them at once.

I have seen as much if not more hemorrhage during the use of the écraseur as I have during the removal by scissors. I have, however, on one or two occasions seen most violent hemorrhage during the removal by scissors, and I found it impossible to secure the lingual at the bleeding point and was obliged to tie the artery by external incision; another case at which I was assisting a year ago the same thing occurred, and the patient's life was in serious danger. Mr. Treves also relates a case in the Lancet, in which he had the greatest difficulty in arresting the hemorrhage. Under these circumstances, therefore, when the disease extends at all within the floor of the mouth it would be always wise to adopt Bilroth's method and preface the operation by ligaturing the lingual arteries. The surgeon would then be very much more at his ease and better able to snip away the whole of the disease. He can by the same incision, also, that he ties the arteries, remove any glands that may be affected. *The advantages claimed for this method are rapidity of removal, greater precision in removing the diseased parts, and a less risk of septic infection after the operation.* The first two points are clearly established, but the latter I cannot find sufficient proof of; in fact, on referring to the statistics, the evidence is certainly strongly in favor of removal by the écraseur.

The claim to rapidity and precision in removal are two most important points, which must have great weight with all in deciding

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upon the best course to pursue in any case. If the patient is low and emaciated, is it wise to keep him for so long a time under the anæsthetic as is necessary for the proper removal of the tongue by the ecraseur? The advocates of this plan would answer yes, for by this method they would argue no blood need be lost. Granted such is generally the case, it is not always, and I contend by means of removal by the scissors very little blood need be lost if the operation is done slowly and leisurely, and care taken to ligature the linguals directly they are divided. Mr. Whitehead tells me he has excised the tongue on numerous occasions by means of scissors without having to ligature or twist a single vessel, and there has been no hemorrhage, either primary or secondary. He, like myself, has witnessed more severe hemorrhages after removal by the écraseur than by the scissors.

4. Where the disease implicates the whole of the floor of the mouth, and the gums, the tonsils, and the submaxillary glands are affected, then the only operation which can be expected to remove the disease are either Sédillot's, Negnoli's or Kocker's, and in some cases when the disease has not extended to the cervical glands either one or the other of these operations may be performed. Here again much discussion has arisen as to the best method of removing the diseased parts after they are separated from the jaw and drawn down through the opening. For myself I think it matters very little; undoubtedly with the scissors the surgeon is better able to remove the disease more thoroughly, but in all these cases it is well-nigh impossible to remove it all. I should prefer the scissors, as the parts can be much more quickly removed and any bleeding parts are then easily taken up and secured.

In all cases, after the operation, I wash the mouth out most thoroughly with strong antiseptic solutions, either carbolic acid or perchloride of mercury solution; I then dust it thoroughly with iodoform, and in very severe cases plug the wound with carbolic gauze, in fine strips, soaked in spirits and dusted with iodoform; this forms a firm plug; it remains for about three or four days, when it can be removed, and a healthy granulated sore is found. I never feed a patient by the mouth for at least three days, only feeding him with nutritious enemata. The mouth is kept constantly washed out and irrigated with weak solutions of carbolic acid.

## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

CASE VIII.—Mrs. L., æt. 68, a woman, considering her age, remarkably strong and well developed, and always enjoying good health, excepting a few rheumatic attacks, was sent by her physician, June 27, 1881, to my clinic, on account of an eruption which six weeks previously had suddenly made its appearance over her whole body. Her body showed the small papulous form of "lichen ruber," evenly disseminated, and accompanied by such an intolerable itching as to greatly deteriorate the patient's general health. Only on hands and feet a few isolated spots of greater dimensions were observed, and they itched less than the pointed papulæ of the trunk. There was no eruption on the head and palmar surfaces of hands and feet. Inunction with ungt. zinci benzoat., 500; carbolic acid and olive oil, āā 20; and cretæ, 10, was practised from the very beginning, and greatly relieved the itching. At the same time twenty drops were twice daily administered of sol. Fowleri, 10; aq. cinnamomi, 70; syrup. cort. aur. 10. June 30th, tar was added to the salve for the sake of experiment (ol. cadini, acid carbol., āā 10; glycer., aq. calcis, āā 50; adipis, 400; boli albi, 200), but without any result as regards the quicker involutions of the papulæ. The first salve was, therefore, resumed, while the dose of arsenic was increased but slowly on account of the great sensitiveness of the stomach. The papulæ now rapidly involuted, but a few large bullæ showed themselves on the dorsal surfaces of both feet. I considered their formation as due to the scratching, but the patient positively denied this. I had, meanwhile, became convinced of the value of corrosive sublimate in "lichen ruber," and July 20th the following salve was ordered to be rubbed into the skin all over the body: Ungt. zinci benz., 500; acid. carbol. ol. olivæ, āā 20; cretæ, 10; sublimat., 0.5 Within four days all the eruption disappeared. Fowler's solution was still continued for a month after the discharge of the patient from the clinic, and then stopped, on account of catarrh of the stomach. An examination of the patient, now seventy-one years old, three years later, proved her robust and

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healthy, and free from skin eruption; the rheumatism also not having reappeared.

As the bullæ had developed on the place of the flat papules I ascribed them to scratching but the next case convinced me differently.

IX.—M. K., æt. 17, is said as a child to have often suffered from a vesicular eruption, which especially made its appearance whenever he visited a relation in another city (impetigo contagiosa?). The last time the eruption showed itself was in 1880, one day after his departure for that city. Besides, there was said to have existed since 1881, on his back, a squamous spot (lichen planus,? psoriasis?) which had been treated with sulphur-tar soap. Three days after the family had moved to N. the vesicles again made their appearance in the face, but this time papulæ were also observed on the dorsal surfaces of the hands. Under a varying treatment these papules first spread over the upper and then the lower extremities. The vesicles in the face partly healed, but fresh ones always reappeared. August 8, 1881, this young and vigorous man entered my clinic with a multiform universal exanthem.

The main type was a papulous eruption, most prominent on the abdomen and trunk. Here they were small, conical, and pointed, while on the extremities they presented broader, wax-like scaleless, larger papules, and on the forearms and dorsal surfaces of hands they assumed the look of still larger, flat, red spots. In the face only the latter variety could be noticed, and here they evinced the tendency to cover themselves with small vesicles filled with a yellowish serum. The face-eruption made, therefore, the impression of an impetigo contagiosa or a pemphigus, but I did not hesitate to diagnosticate "lichen ruber," as most of the papules had the characteristic features of this skin disease. The general health in this case was good and the itching insignificant. August 15th he was placed on the carbol-sublimate inunction cure, and the vesicles yielded to its influence as well as the papules. Within three weeks most of the eruption had disappeared; only in the face and on the dorsal surfaces of the hands several times a fresh crop of vesicles showed themselves. The inunction cure evidently had a more rapid effect on the larger papules, and sublimate baths were, therefore, administered, and for the hands special applications of lead-water were made, the latter having two per cent. borax and two per cent. sublimate added to it. Under this treatment everything finally healed, and after six weeks the severe pigmentation, which had followed the exanthem, and given the skin a spotted appearance, had also ceased, and the patient was discharged completely cured.

A still greater tendency to the formation of vesicles was evinced by the following case, which is specially instructive on account of the varying treatment, and the ultimately established, definite cure.

X.—Mrs. V. S., æt. 33, of graceful build, easily excitable, nervous temperament. As a child has been weak and anæmic, and later suffered frequently from dyspepsia and attacks of gastralgia after meals. Menstruation beginning at her thirteenth year, used to be irregular, very moderate in quantity, and painful. She married in 1873, and in 1874 gave birth to a healthy child. After this the menses appeared more regularly, and her anæmic, as well as her gastric complaints completely vanished There only remained a certain nervous irritability, and—probably in connection with it—an exfoliatis areata linguæ, which was present since childhood, and which used to evince some improvement during the monthly period. In 1876 the patient became afflicted with a skin eruption, which, notwithstanding continuous treatment, lasted during five years, and was still present when she entered my clinic, February 10, 1881, where she remained until her complete recovery in September, 1882. The case was one of universal lichen ruber planus. Brownish-red, mostly round spots from the size of a pea to that of a cherry, covered the skin of arms and legs at intervals, while shoulders, chest, and abdomen were thickly strewn with them. The face was free from them; on the hairy part of the head were many smaller red spots, *which from time to time changed to vesicles*. Some spots were indented, others evinced in their centre a bluish-white point, which as a horny mass could easily be lifted from under the transparent scale. Others again were covered with thicker masses of scales, so that the usual character of lichen was here absent. The treatment, which was frequently changed, mainly was as follows:—

The first period includes the time from February 10, 1881, to end of April of the same year. Daily four drops of Fowler's solution were injected subcutaneously; altogether more than sixty injections being made. Occasion-

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ally during this period five or even six drops were used, but on account of the pain caused by the stronger injection, and because several times the first indications of arsenical poisoning made their appearance, I had always to go back to the dose of four drops. After the patient had nobly suffered this painful procedure during all this time, I had to give up the treatment without having achieved more than a transient improvement, and that but partly. I now, besides the internal administration of arsenic, proceeded to the application of external means.

This second period occupied the time from May to December, 1881. This treatment in the patient's own house had also no other effect but an improvement of her general health and a very moderate change for the better in her skin eruption. It was impossible to carry on an inunction cure successfully and methodically. Repeated new crops of the exanthem on the hairy covering of the head especially gave the patient a great deal of trouble, mainly on account of the rich growth of hair. It was on December 14, 1881, that the patient ultimately concluded, for the purpose of a radical cure, to enter my clinic. I had formed the plan to remove by surgical means the oldest and worst efflorescences all at once, and I therefore began the treatment in this period by scratching off about thirty spots with the sharp spoon; at which procedure the tough consistency of the papules really surprised me. Gauze bandages covered with the salve were then applied. The cure was a complete one, but scarcely a week later the scraped and healed spots had already again changed to typical lichen papules. This fact thoroughly convinced me that in "lichen" no such result can be obtained from the application of the spoon, as is the case in lupus. I now continued to apply gauze bandages impregnated with more intensely acting salve to the papules and to prevent the formation of lichen-plaques by sublimate baths. This fourth course of treatment brought about a complete cure within a period of three weeks. I caused the manufacture of strong arsenic-mercury gauze, to which creasote was added (carbolic acid being too volatile for this purpose) to prevent too much suppuration, and morphia to subdue the pain. The gauze was gradually increased in strength, the numerical relations of the parts being as follows:—

| | Arsenic. | Mercury. | Creasote. | Morphia. |
|---|---|---|---|---|
| I. | 80 grs. | 80 grs. | 80 grs. | 16 grs. |
| II. | 160 " | 80 " | 80 " | 80 " |
| III. | 320 " | 80 " | 80 " | 160 " |

Per roll (1-5 [] met. = 2000 [] ctm.

The final result for all parts of the exanthem was their painless and complete necrosis. After the necrotic parts had fallen off the wounds healed with remarkable rapidity. The effect of the morphium was so severe that for many days the patient continued in a somnolent state. The effect of the mercury, as concerns the gums, was already apparent after the first four days, and had to be energetically subdued and counteracted by astringent washes. A general constitutional side effect was not observed either of the arsenic or of the creasote; but their whole effect became clearly visible also in such places, which, as those in the hairy covering of the head, did not at all come in contact with the salve.

In the beginning of February, 1882, all lichen-plaques had been destroyed by necrotic processes; and by the middle of February they were all covered with a smooth skin and presented pale, bluish cicatrices, scarcely visibly depressed. But this result did not end the whole morbid process. Upon many of these spots, without the least apparent external cause, vesicles formed nearly of the same size as the papules had been—some of which were even much larger than those which had first made their appearance on the head. The complete cure of the case was postponed in consequence for several months. Astringents, as tannic acid and nitrate of silver, were tried in vain for a long time, but ultimately I succeeded in establishing a final cure by tan baths and my acetate of lead salve. Two and a half years later, in September, 1884, I convinced myself that the cure had really been a complete and final one, and the once irritated and melancholic patient had been changed to a healthy and lively woman.

Two explanations for this late formation of vesicles may be offered. Either the treatment caused them or we had here a natural tendency of certain types of "lichen" to the formation of vesicles, needing only an opportunity to evince itself. As the vesicles formed during the whole course of the disease on the hairy covering of the head, I incline to the second opinion. Besides, if the mercury-arsenic plaster had been responsible for the vesicles, they would have

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been also produced on other parts of the skin which were exposed to the influence of this salve. But they exactly coincided in their size with the cured "lichen" spots, and were smaller than the size of the plaster applied. We have, therefore, to attribute the formation of vesicles in the depressed cicatrices of cured "lichen" spots to a special tendency of lichen planus.

In the three cases reported, these vesicles had made their appearance at different times and long before treatment had been commenced. Another proof in favor of the theory advanced.

Case X., however, has a special value besides in a phenomenon, thus far completely overlooked by the English and French, who both possess the most experience in lichen planus. I mean *the whitish spots* of this form of "lichen."

I have never seen them clearer and more numerous than in Case X. Neumann, who first described them, has noticed them only at the periphery of the plaques, while I have observed them in the centre as well. They are characteristic, not only of lichen planus, but also, though rarer, of the obtuse papular form, where, however, they are met with only in the centre and only in the form of one bluish-white point in each papule. These points correspond to the sweat follicles and are composed of several horny layers. For their better illustration I give in the following an extract of the history of such a case.

XI.—A lady, æt. 40, had noticed for a considerable time on arms and legs some dark-red, smooth, planus efflorescences, but without her attaching any importance to them until in 1882 a universal eruption of large obtuse papules set in. After Asiatic pills had been vainly administered for a long period, the papular eruption was cured within the short time of three weeks by the inunctions with zinc carbolic sublimate salve. Last spring a worse relapse took place, probably caused by a few papules in the lower part of the back, which had escaped observation and not been thoroughly healed, the treatment not having been instituted in my clinic but at the house of the patient. I noticed, during this relapse, that whenever the obtuse papules had reached the size of a split pea there appeared in the centre of each a bluish-white point, which could often be removed from its bed without any bleeding, as a horn-pearl of the size of a mustard seed. These points served also as an indication for the cure, for as long as they existed the papules could not be considered destroyed. Under the application of gauze impregnated with arsenic, sublimate or salicylic acid, or of collodion, to which the drug had been added, these points fell off and there remained a sharply-defined diminutive hole. In the beginning large doses of arsenic were administered and a local treatment, limited to the course suitable for an outdoor patient, accompanied them. No result being obtained, I applied a kind of zinc glue containing 10 per cent. sublimate.* This rather painful application brought about the disappearance of the papules, but continually new crops showed themselves. Finally the patient concluded to pass through the whole carbolic sublimate inunction cure in bed, and thus the opportunity offered itself to test the effect of this treatment on a grave case of obtuse "lichen." Already, on the second day of the inunction cure, no new crops appeared; the more recent papules rapidly dried up and the older slowly healed. Towards the end of the cure the whole eruption had vanished with the exception of three or four of the oldest papules, which resisted even the inunction, and ultimately yielded only to the application of collodion, to which chrysarobin and sublimate had been added. The plaster gauze of mercury and arsenic, applied in Case V., had also been tried in this case for a short time and evinced some effect. Finally I made an observation in this case, which may not be void of importance regarding the etiology of the disease.

One night a cat had sneaked into the bedroom, and while the patient made an effort to chase the animal out she received some long, though superficial, scratches on the abdomen. Directly under my eyes there developed themselves on the cicatrices, which had just healed, lichen-plaques of a very unusual kind. They simulated in their shape exactly the scratches mentioned; therefore analogous to the psoriasis papules, which may be artificially produced in previously determined limits.

[To be continued.]

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THE semi-annual Conversational Meeting of the Philadelphia Pathological Society, was held on April 16th. The feature of the occasion was the scholarly and practical address of Dr. George M. Sternberg, Major and Surgeon United States Army.

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* Oxide of zinc sublimate aa 20. adipis, gelatin aa 40, glycerin 80. M. ft. gelatin.

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## AN UNUSUAL CASE OF EXTRA-UTERINE PREGNANCY.

BY WILLIAM R. D. BLACKWOOD, M.D.
Neurologist and Electrician to the Presbyterian Hospital.

EXTRA-UTERINE pregnancy is a condition not yet fully studied or well understood, and one of unusual interest to the general practitioner into whose care at any time a case may fall. No graver or more terrible complication of pregnancy can happen to woman, and it therefore behooves us as guardians of our families, whose well-being and whose very lives are in our hands, to aid in establishing such data as will render the diagnosis and the treatment of this abnormal state more certain than it is at present. To this end it is well that all available cases should be reported, no matter how they terminate, and whether or not they reflect credit on the medical attendant, for it is apparent to all who read that the great mass of reported histories of all kinds and degree are those in which the doctor is covered with glory and the patients all get well, whilst much more valuable lessons might evolve from honest confessions of our failures had we the courage to present them, and thus bring to bear the criticism and suggestions of our *confrères*. Whilst the case now to be narrated happily terminated in recovery, I feel that to some extent I fell short in not sooner recognizing the actual state of affairs, although circumstances may plead in extenuation, and "all's well that ends well."

Mrs. —— has been known to me from her childhood. She is connected with my family by close relationship, and I have been her physician for more than twenty years. She is a lady of unspotted reputation, a consistent Christian, a loving, endeared wife and mother. She had typhoid fever at twelve, a good deal of ovarian neuralgia for some years after the war whilst I was stationed with the army in the South, and since my return after losing the neuralgia she had a tendency to menorrhagia, which required treatment once or twice a year to check it. She was the mother of two children previous to the event now to be related.

A recurrence of the menorrhagia in December, 1883, demanded treatment, which I carried out by thorough intra-uterine applications twice a week of the following mixture, a favorite with me.

| | | |
|---|---|---|
| ℞. | Iodine resublimat. . . . | ʒij. |
| | Potassii iodid. . . . | ʒij. |
| | Acid carbolic cryst. . . | ʒij. |
| | Glycerin . . . . | fʒiv. |
| | Tr. iodine . . q. s. ad | fʒij. |

M. Sig.—To be used only by the physician.

The uterus was kept well condensed by faradism applied daily—one pole by a sponge rheophore externally over the fundus, the other by an insulated metallic rheophore per vaginam—and she menstruated normally in the first week of January, 1884. The uterus was four inches in depth, patulous, and was well swabbed internally and painted over the cervix externally during treatment. Pregnancy occurred on the 8th of January, and this is *positive*, intercourse not having occurred for a month previously and never since that date. She menstruated as usual in December and in the anterior months of 1883. The intra-uterine treatment was resumed on the 15th of January but the electricity was suspended, condensation being now well secured. Pregnancy was, of course, neither known nor suspected until later. Early in February severe abdominal pains, presumed to be neuralgic, were inaugurated and treated by morphia. These were diffused at first, but later they were discovered to be uterine, and the local applications were discontinued as being possibly the cause of uterine colic, the fallopian tubes on either side being overdilated perceptibly, and the way therefore was open to transit of the caustic toward the peritoneum. Since menstruation ten thorough applications of the mixture had been made, *and the uterus, I know, beyond question, was empty*. To my utter surprise, and more, to my horror! morning nausea, mammary pains and engorgement evidenced pregnancy, and the usual signs confirming the fact had been evident to the patient unknown to me. No examination, however careful and thorough, detected the presence of the embryo. The abdominal walls were well filled with fat and obscured at this time the true condition. By the 1st of March the lady several times felt, above the right groin, a globular mass the size of a large walnut. This for a week I could not detect, but then it was found. The mass was movable in any plane, not at all tender, and it was undeniably a tubal pregnancy. I had again employed electricity freely during this period, though not definitely, in the absence of any sign accurately locating the embryo, but now

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galvanism and induction currents were brought to bear directly upon the mass, and I carried these far beyond anything yet recorded in such cases. Rockwell and others hesitated going beyond from sixteen to twenty-four volts. Before ceasing my efforts I carried the current up to fifty-nine volts.

In the course of a few days after locating the tumor it disappeared, and attacks of extreme weakness led me to suppose at first that rupture of the tube had ensued, the hemorrhage, however, being soon arrested, or that the embryo had escaped from the fimbriated extremity; the mass now being free in the abdominal cavity and somatic death assured. Neither the patient nor myself could detect the body through external palpation, nor by the vagina or rectum. The uterus was retroverted more than usual just then, but in two weeks more it assumed its normal position, *and the mass was once more easily found, but it was more central in location!* The sound showed the womb to be empty, and I could thrust that viscus to the left with the instrument in my right hand whilst grasping the enlarged embryo with my left and holding it toward the opposite iliac fossa. My spirits had risen when I supposed the mass to be abdominal, even though it were to develop to term, but now all my anxiety returned with redoubled force, for the truth undoubtedly was that a long fallopian tube had fallen backward out of reach with its contained embryo, dragging the uterus into temporary retroversion, but the womb had again resumed its normal position. I had been mistaken as to the rupture or escape by the ovarian end, and the body was evidently still tubal and moving toward the uterus. How long would this continue without rupture? What hope had we of safety? We know that death of the mother is almost inevitable upon rupture, and many unfortunate women in the past have died suddenly from this cause without the fact being discovered or suspected in the earlier weeks of pregnancy. I had prior to this successfully treated two cases of extra-uterine pregnancy by electricity, but my efforts here were apparently futile, and I feared rupture under my hands at every moment. To heighten the involved difficulties the patient knew that something was wrong, but I could not tell her nor her mother what the difficulty was lest alarm should render worse an exigency already bad enough. By the middle of April the fœtus was almost in the median line, but the womb was yet empty and crowded toward the left. I could still introduce my hand edgewise between the two masses. Hypogastric pains recurred now with terrible severity, and motion was clearly apparent in the tumor. The lady would not see any consultant unless absolutely compelled, and preferred to die in my hands if such were likely to happen. At the end of April the fœtus had entered the uterine cavity proper, and the internal os now closed, it having hitherto been patulous under repeated gentle examinations with the sound. So far all was well, but now came a difficulty, the outcome of which I could not foresee. We were safe as to the relief from an extra-uterine fœtation, but the galvanism had almost literally destroyed the abdominal muscular walls, the fat was totally absorbed, and the uterus was thinner than any which I have ever seen—it was about as thick as two or three layers of blotting-paper only! The thinning progressed until it seemed as though the womb must rupture, from the growth of the child. The electricity was stopped before this complication had attracted notice.

The general health of the patient was now getting better—the crisis was largely averted, and did the atrophy not persist, or should it be happily replaced by a better development, all would yet be well. The summer passed without much discomfort, the patient traveling as far as Cresson without injury. Slight anasarca was shown without albuminuria, and backache was, toward the close of pregnancy, quite severe. I had spoken to several professional friends as a relief, and when November appeared without labor ensuing (then fully due) I got the lady's consent to call my friend Dr. Albert H. Smith in to see her, and previously explained the case to him. He was loth to believe that a tubal pregnancy could terminate as I have described, and believed that rupture of the tube must ensue before the uterine dilatation could be accomplished. I did not myself agree with our distinguished *confrère* on this particular point, because the dilatation of the uterus or its cornua would necessarily be *physiological*, as in ordinary pregnant progression, but I felt in the absence of previous personal knowledge, and in the default of any anterior parallel case on record, his difficulty in believing the fœtus to have traversed several inches of a slender, delicate tube without rupturing it, and, additionally, the tube must have

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been diseased, else inflammatory adhesion, more or less, would not have arrested the ovum in its journey toward the uterus at the outset. Still we have the fact of extensive dilatation of the tube under dropsy, and it *is* undeniably susceptible of distension to some extent in any and probably to a considerable degree in other persons. Dr. Smith mapped out a normal first position vertex presenting, a small child, and little water. He admitted the extreme tenuity of the uterine and abdominal walls, but hoped that all would go well when labor set in. He was very busy at the time, was taken ill soon thereafter, and did not again see the lady, although he kindly volunteered to assist me at any time.

During the latter weeks of pregnancy a better development of the muscles was observed, but when labor occurred they were very much thinner than anything in my experience, and I have seen a large number of confinements. Labor did not happen till the middle of December, *fully six weeks beyond term*, but the act was in every way normal, short and easy. There was not more than two ounces (if that much) of liquor amnii; the child weighed ten pounds all but one ounce, and the only drawback was a leaning toward *post-partum* hemorrhage, controlled by ergot, pressure, and grasping the uterus firmly for half an hour or more. Dr. E. W. Watson kindly relieved my anxiety by remaining some time with me, and, as I have an uncontrollable dread of *post-partum* hemorrhage and a growing dislike to obstetrics of late years, although I have never lost a case by death from this cause, and but two from puerperal peritonitis, his assistance was very welcome. Convalescence was good, and despite some painful points over the cornua, particularly on the right, my patient was down stairs in less than two weeks. She was up on the terrible ninth day, and, by the way, who knows what the dreadful bugaboo is on that fateful day? A subsequent leaning toward subacute peritonitis was checked by morphia and local application of iodine. In a month my patient was out shopping, and she is at present in excellent health, and so is the baby.

The points of interest are: First, Was the fœtation extra-uterine? To this I answer unhesitatingly *yes!* I repeatedly explored the uterus with a long sound up to the fundus, and turned the point of a slimmer instrument into both fallopian tubes, for half an inch on the left and an inch easily on the right. This was done when the rational signs of pregnancy were evident and after I could grasp the embryo as a mass whilst in the tube and distant from the womb fully four inches. I watched the development of the tumor and its transit to the uterus daily, and with extreme interest and care, till it reached its normal home. About the beginning of the third month I felt the dilatation of the right cornua and cannot be mistaken about the facts thus observed. An extra-uterine fœtation being destroyed by electricity and followed by a normal pregnancy was impossible. No sexual intercourse was attempted after January 8th. This is strictly true, I know. The whole matter to me is clear, although I admit its apparent impossibility, and do not know of anything approaching the case in its peculiar details.

Why did the battery not destroy the embryo? To this I plead ignorance—I do not know. I do know that every effort was made to obtain full effect; the current strength was enormously in excess of that known to be effective in such cases; the battery was in excellent condition; the electro-motive force was measured by accurate tests; and I am reasonably familiar with electro-therapeutics and physics of the current, particularly in galvanization of the abdominal and uterine organs. The effects of the applications were to cause absorption, as is sometimes done by electricity in thoracic or abdominal dropsy, of the liquor amnii almost entirely; the muscles were atrophied just as they have often been destroyed experimentally by me through excessive galvanic force long continued, and the plantar cramp and referred sensations in the distribution of the sciatics, was pathognomonic of undue nerve stimulus, for a long time. The fœtal envelope somehow (how, I don't know) resisted the current, although it was fully encircled by large rheophores externally and a closely applied rheophore behind it in the rectum, or beneath it in the vagina. Experiment on animals which abort easily (such as rabbits) and others, as dogs and cats, has taught that a normal pregnancy is untouched by electricity unless the current is carried to the fœtus by intra-uterine rheophores, and of course the mechanical effect then would be sufficient to produce abortion without the electricity. I use electricity without hesitation in pregnant

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women, if it be required, but do not of course employ vaginal rheophores. The current possibly meets excessive resistance by the uterine walls, or, as I suspect, more through the amniotic membrane, which is a bad conductor (the uterine muscle carrying the current around the fœtus). It may be that thus resisted by a fœtus external to the uterus, yet enveloped as it would be if normally situated within the womb, the current flowed *around* the mass, but little actually traversing it. I admit that embryos have been destroyed by electricity when at the third to the eighth week, yet in this case I can give no other hypothesis.

How did the duration extend beyond a normal term? Here, again, I am at a loss to answer. *It did*, that I know. I believe that development was *delayed* by the galvanism, at least during the first seven months, and this may have been a factor in the case, although the child grew rapidly toward the close of term. Cases of prolonged gestation are not rare; they undoubtedly occur, and in my case there is no doubt as to the extension of fully six weeks beyond the usual term. When the child reached the outer world it was mature, extraordinarily developed, and at a month old it was taken for a three months' infant by all its numerous friends. For that matter, it still is unmistakably far beyond ordinary development, mentally and physically, and wears clothes which fitted its sisters at a year old. It is an extremely bright infant, and very dear to its friends, who know its history, but particularly to me, who knows through what a terrible ordeal it has passed, and how marvellously it survived my determined, though justifiable and well-meant efforts to destroy it, when not only embryonic, but when fairly on its way to maturity.

The legal point always involved in protracted gestation is of course applicable, and would press with special force in a case like this were property involved, but no interest of the child should suffer, it seems to me, if born in lawful wedlock, whilst both parents are living at its birth. Still, law is queer, and no one knows how much might be made of a unique case such as this if money were involved, and if the child were a male and heir expectant to a large estate in countries where entail is practised, its parents having daughters only previously. Here all three children are girls.

Without stating other than undeniable facts, I relate this brief history, unparalleled in my experience in practice or in reading, and alone in its curious aspect, so far as I know from many talks with many estimable professional friends.

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Since writing the above, the opinion expressed concerning the presumed resistance of the membranes enveloping the fœtus is apparently proved to be correct by experiments which I have made, as follows:—

*Experiment 1.*—A large, living rat was inclosed between two sections twelve inches square of the abdominal wall of a newly-killed pig, air being admitted by a suitable aperture. The peritoneal surface was placed inside the sac, and the edges of the muscle turned in so as to afford good contact of muscular fibre and blood contained therein. A current of five volts, applied by two sponges, one on either side of the bag representing the uterus, failed to unfavorably affect the rodent. The current was gradually raised to sixty-five volts, which killed the animal. Fifty volts did not apparently produce any bad effect. Time occupied in all fifteen minutes.

*Experiment 2.*—A living rat was placed between two similar layers of muscle *free* from peritoneum, under otherwise similar conditions as in No. 1. The current was run up gradually, as before, and fifty-one volts killed it. Forty-five volts did not seem to trouble it much. Time, as before, fifteen minutes.

*Experiment 3.*—A rat about the same size as the preceding ones was placed between two sponge rheophores, and during fifteen minutes the current was gradually run up to forty-three volts, which killed the animal.

*Experiment 4.*—An initial current of forty-five volts was passed through a large, living rat, as in No. 3, which killed him in one minute. No amount of faradism from an *ordinary* portable medical instrument would kill in any of these trials.

The conclusion drawn from the first three experiments was that the peritoneal membrane (or any serous membrane) is a bad conductor as compared with muscle, although serous and mucous membranes are apparently good conductors when thoroughly wet. Blood is the best conductor in the human body, and muscle is at all times full of blood, and the muscle-fibre, together with the blood, therefore, conduct well. To determine the relative value of

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muscle and serous membrane as conductors, the following method was adopted:—

*Experiment 5.*—A strip of muscular fibre from the *iliacus internus* was prepared by freeing it from all connective tissue, and it was twisted into a cord, the cross section of which was one-quarter of an inch; the length twelve inches. The resistance, measured under a current of fifty milli-amperes was seven ohms in a mean of five trials.

*Experiment 6.*—A strip of peritoneum free from muscle and fat was rolled into a cord similar in capacity to that of the muscle, and the resistance was found to be forty-eight ohms in the mean of five tests. A rope of mucous membrane from the same intestine exhibited very nearly similar results under parallel tests, the conductivity being slightly in favor of serous tissue. The three cords were equally moist, and careful tangent galvanometry was observed.

My deductions from the trials were similar to those of the first four experiments, and to further work out the problem the next series was as follows:—

*Experiment 7.*—A coil of naked copper wire was inclosed within a bag of muscle, being connected with a galvanoscope. No amount of current passed through the mass of muscle, produced a current in the inclosed coil, or any deviation of the needle, either when continuous or interrupted.

The wire was then replaced by an insulated coil of similar length, and no induction or deviation was found under a like strength of current.

A similar bag of muscle, lined with peritoneum, was employed with the two coils. Slight vibration was observed with the naked coil, and a deviation of five degrees with the insulated coil when make and break contact was done.

A strip of muscle and peritoneum was next wound round a wooden rod in alternate layers and surrounded by a secondary of insulated wire. The galvanoscope showed a deviation of twenty-seven degrees upon passage of a current of twenty volts through the primary coil of muscle, as before.

The inference cannot be avoided that the muscle and the membrane were of different values as conductors. The law governing induction currents shows conclusively that the peritoneal membrane acted in the latter experiment as an *insulator*, sufficiently, at least, to produce the faradic current on opening and closure of the voltaic circuit. It is plain to me, therefore, that the current as it can be applied to the exterior of the uterus, travels *around* it, as I expected long ago, unless extremely powerful force be employed, and there is, of course, a limit to the strength admissible. Inclosed, as it is, in a manifold serous envelope, a poor conductor compared with a good muscle conductor outside this, the major part of the current must needs avoid the contained fœtus, which is, therefore, safe from injury under an electro-motive force safe to its mother. I do not know positively, but I strongly suspect that electricity is used by abortionists, and unless it be applied through intra-uterine rheophores, I do not anticipate any effect from it. I have elsewhere* given my opinion of electricity in amenorrhœa, and there described my method of application by special rheophores. To insure success, I found it imperative that one pole must be intra-uterine, no matter what current was used, though, of course, static electricity would be more apt to take a direct course than either galvanism or faradism.

The embryo, when tubal, in the earliest weeks is more readily destroyed, as the electrolytic effect is greater than in a larger mass, but once the chorion and amnion are formed, I believe the effect of electricity is not great, and in my case, now reported, the fœtus was nearly three months developed before definite applications were thoroughly made, hence they failed in destroying, though they may have deferred its development.

I am not aware of any recorded similar experiments in the direction noted, previously to mine, and most of the canonical statements concerning conductivity and resistance of living tissues are simply repetitions of opinions held or published by writers, without personal knowledge based upon experiment. Many of the statements concerning this point found in books on electro-therapeutics do not agree with results obtained by myself under careful measurement, and thorough revision will some day be needed if medical electricity proposes to keep up with the wonderful progress made in the application of electricity to the arts and sciences.

246 North Twentieth Street.

* Medical Bulletin, Vol. III. (1881), p. 7–10. Therapeutic Gazette, November, 1882.

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## *HYDRASTIS AND HYDRASTINE HYDROCHLORATE IN DISEASES OF THE SKIN.*

BY JOHN V. SHOEMAKER, A.M., M.D.

HYDRASTIS is a valuable drug in diseases of the skin, both internally and as a topical application. It is especially useful as a stomatic tonic and as a hepatic stimulant in cutaneous affections depending upon gastro-intestinal disorders. It is best administered in the form of the fluid extract of hydrastis, which Prof. Roberts Bartholow has shown contains all the constituents of the drug, and is the preferable preparation to use. In seborrhœa sicca or oleosa, which frequently develops from some alimentary trouble, the scaly, reddened or greasy state of the skin may lessen or disappear on the use of ten or twenty drops of the fluid extract of hydrastis three times daily. The red or white papules—black points or pustules of acne or the enlargement of the blood-vessels and tissue of acne rosacea, due to the same cause, may be relieved or cured by the internal administration of hydrastis. It is an excellent remedy to use in scrofulous diseases of the skin in patients having feeble digestion, loss of flesh and enlarged glands, with or without unhealthy ulcers. In cases of this nature it will stimulate the appetite, lessen the involvement of the skin, and assist the action of local medication in removing the disease. It has also acted in a happy manner upon some cases of lupus, sycosis, boils, carbuncles, and ulcers in which the local condition was largely due to a lack of nutrition of the system. Eczema which is so often depending upon debility or some gastro-intestinal disorder may at times be greatly relieved or cured by full doses of the fluid extract of hydrastis. In children suffering with the pustular form of this disease, known as eczema impetiginodes or milk crust, small doses of the fluid extract, from one to five drops in mucilage or glycerin, three times daily, increase the digestive power, lessen the formation of pus, and have a powerful tonic action upon the previously enfeebled system. In broken-down syphilitic subjects, especially in those in whom the alimentary canal is weak and irritable, often from alcholic excess or from the use of too much mercury or one of the iodides, the use of hydrastis is attended with marked and beneficial results.

Hydrastis may be employed alone, internally, or in some cases its conjoined internal and external use will at times be found most efficacious. The range of usefulness, however, as a topical application is even greater than from its internal administration. The fluid extract, which is the preparation generally employed for local use, has a stimulant and an astringent action on the integument, which is well-marked when the skin is denuded or inflamed. It may be used undiluted, or, still better, diluted one-half or one-third with water, oil, mucilage, or glycerine. Inflammatory affections of the mucous membrane, especially stomatitis, syphilitic lesions, and eczema are greatly benefited, and occasionally removed by the application of the fluid extract of hydrastis. The fissured form of the latter disease, which occurs around the mucous outlets, as on the lips and about the anus, on the flexor surfaces and between the fingers and toes, are sometimes rapidly improved by its use. It also exerts an efficacious action or lessens the inflammation and thickening in chronic eczema, whether involving the parts first referred or other regions. Abrasions, sinuses, ulcers, and granulations are greatly improved by the application of this remedy.

While the use of the fluid extract of hydrastis has been attended with much benefit in many of the diseases just cited, yet its employment has been open to a very great objection from the staining which follows everything with which it comes in contact. This staining power which it possesses, and which is usually imparted to the clothes of patients, is not easily removed even by washing; and the unpleasant effect that follows the employment of this drug would almost entirely preclude its adoption in private practice—where so many other elegant, cleanly, and efficacious preparations are now constantly in use—but fortunately this objection has been entirely overcome by the recent investigations of Professor Bartholow, who has demonstrated the active principle of the drug hydrastine, which can be combined to form hydrastine hydrochlorate, which has all the physiological effects of the former drug. Further, the salt so formed not only possesses all the good qualities for cutaneous applications claimed for hydrastis, but it is also perfectly free from the staining qualities of the latter drug.

*Hydrastine hydrochlorate* occurs as a fine white powder, slightly tinged with yellow, in-

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odorous, but very bitter, and soluble in water, alcohol, oils, and fats. Its color, its odorless character, and its great solubility furnishes a remedy of unusual advantage for topical application in diseases of the skin. During a short experience with this preparation I have found it useful mixed with water, alcohol or fats, in hyperidrosis, seborrhœa, acne, eczema, and in ulcers.

Thus five to twenty grains of hydrastine hydrochlorate to the ounce of alcohol has a beneficial effect on excessive secretion, which may occur in the axillary or inguinal regions, or on the palmar and plantar surfaces. This same combination acts well in seborrhœa sicca, especially of the scalp, attended with loss of hair, the stimulant and astringent action of the solution lessening or relieving the irritability of the follicles and glands of the part. The papules and black spots of acne yield sometimes very rapidly to the application of the alcoholic solution of hydrastine hydrochlorate. Acne rosacea and seborrhœa oleosa, or the greasy state of the skin so often seen on the faces of young women, have in several instances improved much on an application of an aqueous solution of this drug, or a mixture of the salt with a fatty substance in the proportion of from five to twenty grains to the ounce. The ointment of hydrastine hydrochlorate, the salt being incorporated in the fat, in from ten to thirty grains to the ounce, has proved an excellent application in some cases of subacute and chronic eczema—the thickened and irritable state of the skin in the latter condition subsiding at times very rapidly on its application. It has also been serviceable in some scrofulous and varicose ulcers, used in the form of an ointment.

Hydrastine hydrochlorate, from the cases referred to in the original paper and from others now improving under its use in my care, will no doubt prove a valuable topical application, especially in diseases of the skin. Its stimulant and astringent properties may make it available, not only in the affections alluded to, but also in many others. From present experience it is better adapted for use in diseases in which the inflammation is not too active, more particularly in subacute and chronic stages. Precautions should be exercised in using it on an acute eruption, and if employed the solution or ointment should be very weak, otherwise the active stimulant and astringent effect of the salt may increase instead of diminishing the disease. It is better and much more effective, even in those diseases in which it is indicated, not to use too strong a solution or ointment in beginning the application to the skin. —*Abstract from Drugs and Medicines of North America.*

# THERAPEUTIC NOTES.

### CONTUSIONS.

To remove the discoloration and promote the rapid absorption of the blood effused by a severe contused wound, Professor Brinton recommends the following lotion:—

| | | |
|---|---|---|
| ℞. | Ammonii mur. . . . | ʒj. |
| | Sodii chloridi . . . | ʒij. |
| | Alcoholi . . . . | ℥iij. |
| | Aqua . . . . | ʒiij. |
| M. | Ft. lotii. | |

### ACUTE ABSCESSES.

Prof. S. W. Gross says it is a mistake to apply a poultice to an acute abscess after its contents have been evacuated. The endeavor should be to prevent and not to encourage the further formation of pus. To do this the cavity of the abscess should be syringed out with a 1 to 1000 solution of mercuric bichloride, and the walls brought together by compresses and a bandage, and union allowed to take place by granulation. If the abscess be of large size a drainage tube should be left in for a couple of days until the serous oozing has been reduced to a minimum. The tube should then be taken out and the walls brought close together. If the healing process be delayed by the development of flabby œdematous granulations they can be stimulated to healthy action by the injection of a three per cent. solution of carbolic acid or the application of chloride of zinc gr. iij., aqua ʒj.

### PHLEGMASIA DOLENS.

Prof. Parvin says this affection generally ends in resolution under proper care, although occasionally an abscess may form, or some permanent hypertrophy of the cellular tissue remain. As the greatest danger is the detachment of a portion of the clot, and subsequent formation of secondary emboli, all rough handling should be avoided. Prof. Parvin directs the limb to be wrapped in cotton or flannel and placed in a horizontal position, and

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prohibits the use of blisters or friction at any time. If the pain be severe, an application of lard and laudanum should be gently made to the painful part, or morphia employed hypodermatically. Internally, iron, quinine, and stimulants are generally indicated. The patient should be kept upon a nourishing diet, and a firm bandage applied when she begins to walk.

### CEREBRO-SPINAL FEVER.

Prof. Da Costa insists upon the persistent use of cold applications to the head in the early stage of cerebro-spinal fever. Occasionally benefit will be derived from the application of a few leeches or wet cups to the nape of the neck. Internally, opium should be given to the point of tolerance, commencing with ♏xx of the deodorized tincture every two hours, and increasing to ♏xxx, if necessary, until the desired impression is produced. When opium is not well borne alone, it should be given in combination or alternately with potassium bromide.

In the later stages, when the exudation has been poured out, hot applications along the spine will be of more benefit. Only enough opium should be given to keep the patient quiet. Digitalis and stimulants should be given to support the heart if necessary, and potassium iodide and bromide to favor resolution. Systematic feeding from the beginning of the disease is of the highest importance.

### ERYTHEMA NODOSUM.

Prof. Bartholow recently exhibited a characteristic case of this curious disease before the Jefferson Hospital Clinic. The patient, a girl twelve years old, had suffered for a long time from sudden attacks of œdema and rigidity of the arms and legs, accompanied by the appearance of a number of large bullæ. The attacks lasted for several hours, and were attended by almost unbearable itching. Her tongue was covered with a heavy yellow coat, her appetite was poor, and bowels constipated. As the vaso-motor disturbance here was evidently due to reflex irritation from the disordered intestinal canal, Prof. Bartholow directed her to take one drachm of phosphate of soda three times a day; also—

℞. Mangani sulphatis exsicc. gr. xx.
Quinia sulphatis . . gr. xx.
Ferri arseniatis . . gr. j.
M. Ft. pil. x.
Sig. One pill three times a day.

### CONVALLARIA.

Prof. James Stewart (*Canada Medical and Surgical Journal*) says: "The only use of convallaria is as a heart tonic, in cases of failure due to organic disease. It is said to be especially operative in cases of dropsy due to mitral lesions, but its power is much less than that of digitalis. The latter drug, except in advanced cases of fibro-fatty degeneration, if properly administered, seldom or never fails of at least partially restoring a ruptured compensation.

"Convallaria, at times, acts as well as digitalis, and frequently with more promptitude, but in a considerable number of cases it is much less efficient and not unfrequently fails entirely in bringing about the wished for results.

"If the three prominent cardiac tonics were to be arranged in the order of their power, we would have digitalis first, caffeine next, and convallaria occupying the third place. Arranged according to the promptitude of their action, caffeine would be the first on the list, convallaria second, and digitalis third. Arranged according to the order of their freedom from untoward effects, caffeine would certainly hold the first place, convallaria the second, and digitalis the third."

### COLD ABSCESSES.

Prof. Verneuil (Rev. de Therap.) has obtained remarkably good results in the treatment of cold abscesses by the injection of a five per cent. solution of iodoform in ether. He first withdraws the pus through an aspirator, and then forces from 100 to 300 grammes of the solution into the cavity of the abscess. It diffuses into all the recesses and sinuses of the walls, the ether becoming absorbed or evaporated, and the antiseptic agent being deposited uniformly on the pyogenic membrane, the action of which it modifies. This simple means, so exempt from danger and so easy of application, has proved highly successful, very large abscesses having yielded to three or four injections.

### INTERMITTENT HEART.

The editor of the Asclepiad says alcohol is the only remedy which can be positively depended on to control an intermittent pulse. In extreme cases where there were ten intermissions every minute he has seen a total cessation of the phenomenon within five minutes

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after the administration of six fluid drachms of pure alcohol in water, the circulation at the same time being rendered more rapid. This action of alcohol is so decisive that the patient himself soon becomes conscious of it, and unfortunately resorts sometimes to the remedy, to his ultimate disadvantage.

### INFANTILE CONVULSIONS.

Dr. D. Henry Chapin (American Journal of Obstetrics) strongly advocates rectal injections of chloral in infantile convulsions. Morphia will, in many cases, control the paroxysm, but it is an extremely dangerous remedy, tending to hurry the congested brain into fatal stupor. He has seen many cases yield quickly to chloral administered by the rectum. Some weeks ago he was called to see a baby fifteen months old, who had been in convulsions for an hour. The infant was lying in a deep stupor, with jaws tightly set, thumbs pressed into the palms, and having convulsive seizures every few minutes. He tried in vain to open the mouth and get down some potassium bromide. An enema was next given, but no fecal matter came away, and the water remained in the bowel. He then injected five grains of chloral in solution into the rectum. The convulsive movements became less violent and less frequent. The chloral was repeated several times, and they soon stopped entirely. The stupor remained, but in several hours it was gradually replaced by a natural sleep, and the next morning the baby was quite bright, although looking pale. In this case he could find no cause for the convulsions, but thinks if sufficient morphine had been given to control them the stupor would have ended fatally.

### ABORTIVE TREATMENT OF PNEUMONIA.

Dr. J. W. Brown (Journal of American Medical Association) has frequently succeeded in aborting pneumonia in the formative stage by the administration of—

| | |
|---|---|
| ℞. Ext. jaborandi fl. . . . | ʒiv. |
| Spts. ammonnii aromat. . . | ♏xl. |
| Syrupi simp. . . . . | ʒiv. |

M. Sig.—One teaspoonful every two or three hours to induce copious perspiration.

### DIPHTHERIA.

Dr. E. H. Dennison (New England Medical Monthly) recommends the following combination in diphtheria:—

| | |
|---|---|
| ℞. Quinia sulph. . . . | grs. xv. |
| Liq. ammonia acetatis . | ʒiss. |
| Acetic acid, dil. . . | ʒj. |
| Aqua dist. . . . | |
| Syrupus simplex . | āā ʒiv. |
| Tincture of chloride of iron | ʒiij. |

M. Sig.—Teaspoonful every three or four hours.

### STRYCHNIA IN UTERINE INERTIA.

Dr. Wm. Stadler (Texas Courier-Record) has found strychnia to be the safest and most serviceable uterine stimulant in prolonged labor where the pains are feeble or entirely absent, the os dilated, pelvis normal, and when it is only necessary to supply the *vis a tergo*. In such cases $\frac{1}{100}$ of a grain of strychnia, repeated if necessary, not before half an hour, has always produced strong and efficient pains resulting in the speedy termination of the labor, the firm contraction of the uterus in the third stage, the easy expulsion of placenta, and the entire absence of hemorrhage.

### MERCURY IN TYPHOID FEVER.

Kalb (Berlin. klin. Woch.; New York Med. Journal) has employed this method of treatment in upward of a hundred cases, and eighty per cent. of the patients were entirely free from fever at the end of ten days. A drachm and a half of the ointment is to be rubbed into the skin of the abdomen and the inner side of the thighs every day for seven days. At the same time the patient is to take eight grains of calomel and a grain of opium every six hours, and a considerable amount of alcohol. The writer states that the temperature falls rapidly at first, then rises to its former level, and there remains steady until the eighth day, when it falls to normal. He says that he has never seen a case of salivation.

### CHRONIC INFLAMMATION OF THE EUSTACHIAN TUBE AND TYMPANUM.

Gampietro (Arch. di Otojat; Gazz. degli Ospit.) recommends the following solution, which can be applied by means of a suitable syringe:—

| | |
|---|---|
| Tannic acid . . . | 15 grains. |
| Salicylate of sodium . | 1 drachm. |
| Distilled water . . | 1 quart. |

For chronic catarrh of the external ear he recommends this preparation:—

| | |
|---|---|
| Laudanum . . . | 3 minims. |
| Sulphate of zinc . . | 4 grains. |
| Rose-water . . . | 6 drachms. |

To be instilled three times a day.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, May, 1885.

## THE FARCE OF ANTI-VIVISECTION.

THE folly of the ancient days of animal worship has been almost equalled in our own time by certain pseudo-philanthropists in England. Professing an overwhelming love for dogs and frogs, and pretending to see only fiendish malignity in the investigations of medical scientists, they for years subjected the physiologists of England to such a torrent of abuse and persecution that one might well believe the days of the gods Pan and Satyr had returned again. Grave dignitaries of Church and State united with fanatics of all classes in denouncing experiments on animals as "an unnecessary and detestable practice," which "pandered to curiosity without doing anything for science," and clamored for their total prohibition. Flaming placards were posted up in the slums of London purporting to portray the tortures inflicted on animals. The populace were invited to look at "Doctors cutting up your dog alive," "Doctors baking your cat alive," etc. Every effort was made to excite the worst passions of the London mob, and if the tragedy of the Gordon riots was not re-enacted with the physicians of London as the victims, it was because the common sense of the people revolted against the hysterical and hypocritical extravagances of the anti-vivisectionists.

Parliament, however, yielded to their appeals and passed a bill which practically abolished scientific research in England. Sir Joseph Lister and other distinguished observers were obliged to go to France to continue their investigations, or to suspend them altogether.

Urged on by the success of the English anti-vivisectionists, an attempt was made by their imitators to procure the passage of a similar law in Pennsylvania. In pursuance of this purpose, they resorted to the customary misrepresentation of facts and the usual unlimited number of denials. They not only denied that vivisection ever added one laurel to science, one drug to the materia medica, ever gave one idea to the surgeon, one suggestion to the physician, one fact to the physiologist, but they lifted the veil from the future and denied that it ever could do anything but demoralize those who engaged in its pursuit.

In fact, as was wittily said by a keen observer, they denied everything except the creation of Adam and the Constitution of the United States. Their proposed bill, however, met with an ignominious defeat. Not one voice was raised in its behalf in the legislative committee to which it was referred. The common sense of the American mind not only recognizes that man is better than a sheep, but that his comfort and happiness and restoration from sickness are of infinitely more value than that of all "the delicate pet dogs" and cats in the world. Such being the case, the American anti-vivisection agitation will never be anything more than a farce. The only reason that THE MEDICAL BULLETIN notices it at all is that a few physicians have assisted to give it some slight importance. Nothing but their presence saves it from sinking into merited obscurity. It may be possible that these gentlemen are acting under a misapprehension. If so, we trust that they will carefully consider the following facts, and then renounce all connection with their former hysterical associates:—

I. THE CIRCULATION.—All of our knowledge of the phenomena of the circulation has been obtained by vivisection. Galen opened the arteries in a living dog, and Harvey exposed the heart and punctured the throbbing ventricles of several animals. Later on, the lymphatics were discovered by the examination of a horse and a dog, and the capillaries by the examination of a frog.

II. RESPIRATION.—Lavoisier demonstrated by experiments on sparrows that respiration consisted in the absorption of oxygen and the exhalation of carbonic acid, and that death ensued when the carbonic acid in the air exceeded a certain percentage. Our modern

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systems of architecture, ventilation and sanitation are based upon these experiments. They of course involved the sacrifice of a few sparrows, but all mankind, with the exception of the anti-vivisectionists, will agree with Sacred Writ that "a man is of more value than many sparrows."

III. ARTIFICIAL RESPIRATION.—Two hundred years ago Robert Hook showed that a dog could be kept alive after the diaphragm and pericardium had been cut away, by mechanically inflating the lungs and then allowing them to collapse. Since then artificial respiration has been employed with success in thousands of cases. Hook employed two or three dogs in making his experiments, but the resuscitation of one new-born infant is of more value to humanity than an infinite number of dogs.

IV. TRANSFUSION.—In 1665 Richard Lower, by transferring blood from the carotid artery of one dog to the jugular vein of another, demonstrated that death from hemorrhage could be prevented by transfusion. This operation was improved by further investigation, and is now a recognized resource in all cases of excessive hemorrhage.

V. DIGESTION.—All that was known of the process of digestion before the year 1822 was learned from experiments on animals. The foundation thus laid enabled Beaumont to avail himself of the case of St. Martin and perfect our knowledge of the action of the gastric juice. His observations have been confirmed and extended by further experiments on animals. All of our information relative to the bile, pancreatic juice, and intestinal secretions, has been obtained in the same way.

VI. THE NERVOUS SYSTEM.—Owing to the tireless and self-sacrificing labors of medical investigators we are now enabled to point out the diseased spot in either brain or cord with almost as much certainty as if it had previously been laid bare by the trephine or saw. This also necessitated the use of a number of animals. In this manner Galen demonstrated the conducting function of the spinal cord, and the importance of the recurrent laryngeal nerve as the nerve of voice. Sir Charles Bell, by an experiment on a dog, an ass, and a monkey showed that the fifth nerve was the nerve of sensation for the face, and that the seventh nerve was the nerve of motion. Previous to this discovery surgeons cut the seventh nerve for tic douloureux. Since then the rational operation of dividing the fifth nerve has been performed. The different functions of the anterior and posterior roots of the spinal nerves were demonstrated by Magendie upon a litter of eight young pups. The phenomena of recurrent sensibility, reflex action, the regeneration of nerves, the crossed action of the cord, the functions of the medulla and pons, the cerebellum, and the various portions of the cerebrum have also been ascertained by experiments on animals, and a new and brilliant field opened for cerebral surgery.

VII. HUNTERIAN OPERATION FOR ANEURISM.—John Hunter, by an experiment on one deer and two dogs, proved that the secondary hemorrhage which ended fatally after ligating for an aneurism, was due to the aneurismal changes in the vessel, and not to any injury produced directly by the ligature. The new operation which he then instituted by tying the artery in a sound part, saved hundreds of human lives and limbs.

VIII. REGENERATION OF BONE FROM THE PERIOSTEUM.—Various observers have shown by experiments on animals, that bone will be reproduced from the periosteum when every fragment of osseous tissue is removed. Surgeons, when exsecting a bone for any cause, now leave the periosteum intact, unless it be affected with a malignant growth, and in a short time sufficient new bone is thrown out to make a shapely and useful substitute for the removed portion.

IX. POISONED WOUNDS.—Physiological experiments have indicated the line of treatment to be pursued in cases of poisoned wounds, and will undoubtedly bear more brilliant fruit in the future.

X. PARASITIC DISEASES.—Experiments on animals have shown the relation between the cysticercus and the tape-worm, and between raw pork and trichinosis, and pointed out an infallible method of prevention of the spread of these parasites.

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XI. LIGATURES.—Experiments on animals have established the value and universal applicability of the various antiseptic animal ligatures.

XII. ABDOMINAL SURGERY.—Owing to the improved methods of treatment which followed Sir Spencer Wells's experiments on a few rabbits, abdominal wounds are no longer the opprobrium of surgery, and thousands of years of happiness have been added to human life.

XIII. FEVER.—Experiments upon animals have shown that the high temperature of the blood is the chief cause of mortality in fevers, and thereby enabled a rational plan of treatment to be adopted, by which the death-rate has been greatly diminished.

XIV. NERVE-STRETCHING.—This important auxiliary to medical treatment is also the result of experiments upon animals.

XV. HYPODERMATIC MEDICATION.—This invaluable method of the administration of medicines, by which life can be saved or pain relieved when all other means have failed, is also a gift of vivisection to man.

XVI. THE PREVENTION OF SPLENIC FEVER, ANTHRAX, ETC.—By the experiments of M. Pasteur thousands of valuable animals have been saved from splenic fever, anthrax, etc.

XVII. NEW REMEDIES.—Almost all of the modern advances in therapeutics are the result of experiments upon animals. It is by this means that the present elaborate methods of treating cases of poisoning have been developed. All new drugs are thoroughly tested upon animals before being administered to man. Prominent among the remedies which have thus been assigned to their proper place are strychnia, digitalis, carbolic acid, physostigma, pepsin, chloral, amyl nitrite, and cocaine.

XVIII. THE GERM THEORY OF DISEASE.—The experiments of Köch and others in reference to the bacilli of tuberculosis, cholera, etc., need only be referred to here. The good that they have done and will do cannot be overestimated.

XIX. ANTISEPTIC SURGERY.—The diminished death-rate in public and private practice, due to the introduction of the antiseptic method of treatment is a sufficient refutation of the unblushing assertions of the anti-vivisectionists.

XX. VACCINATION.—It is only by the inoculation of successive animals that sufficient vaccine matter can be obtained to prevent a recurrence of the devastating epidemics of small-pox. There is reason also to believe that the principle of vaccination can be developed so as to protect against other diseases. The investigations necessary to establish this fact will require the employment of a certain number of animals, but if the mortality of scarlet fever and other exanthematous diseases can be lessened thereby the whole world, with the exception of a few erratic fanatics, will rejoice.

Of course, we have not heard the last of this peculiar agitation. In every community there are a number of volatile individuals who are attracted by every strange device, and there are a number of others who delight in notoriety, and will endeavor to obtain it in some manner. We trust, however, that no member of the medical profession will flatter their vanity by entering into a public controversy with them. Let them rail on unnoticed, and they will finally subside in silence. We also trust that no physician will be so unwise, to say the least, as to give them aid or countenance in any form, and if a resolution tending to give them any encouragement be introduced into any medical society, we hope that it will be promptly laid on the table and not given even the quasi-recognition of reference to a committee. Life is too short, and the problems of health and disease too pressing, for time to be wasted on a worthless delusion.

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DISEASES OF THE EYE, EAR, AND THROAT.—The Presbyterian Eye, Ear, and Throat Charity Hospital, of Baltimore, is now one of the largest, finest, and best furnished hospitals of its class in the United States. It contains fifty beds for hospital patients, all of which are constantly occupied, as well as a number of elegantly furnished rooms for private patients. During the year just closed 300 persons have been admitted into the hospital wards, and 4579 others have received treatment in the dispensary department. Too much praise cannot be awarded to the surgeon-in-charge, Dr. Julian J. Chisholm, and his brilliant staff of assistants, for their self-sacrificing efforts in ministering to this army of sufferers.

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# MEDICAL NEWS AND MISCELLANY.

THE Missouri State Medical Society will meet at St. Joseph on May 12th.

THE Indiana State Medical Society will meet in Indianapolis on May 12th, 13th, and 14th.

PROFESSOR JAMES W. LITTLE, one of the most distinguished of American surgeons, died at his home in New York on April 4th. Though only forty-eight years old, he had long been known as a brilliant lecturer and a successful operator. At the time of his death he occupied the Chair of Surgery in the New York Post-Graduate School and in the University of Vermont.

LICHEN RUBER — CORRECTION. — Professor Unna informs us of a slight omission on page 36 of the February number of THE BULLETIN. The external application recommended on that paper should read Liq. plumbi acetatis and Liq. alumini acetatis, with a small amount of glycerine. Professor Unna considers the Liq. alumini acetatis to be the most important factor in the combination.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting of the Association of American Medical Editors will be held in New Orleans, La., April 27th, at 8 P.M., in the medical college building. The annual address will be delivered by the president, Henry O. Marcy, M.D., of Boston, Mass., on "The Legislative Establishment of Medical Examining Boards in America." Papers are expected from Dr. F. E. Daniel, of Austin, Texas; Dr. F. S. Billings, Boston, Mass.; Dr. Richard J. Dunglison, Philadelphia, Pa.; Dr. John V. Shoemaker, Philadelphia, Pa.; Dr. L. Connor, Detroit, Mich., and others. All members of the profession are cordially invited to be present and participate in the meeting, especially journalists and authors.

THE INDEX MEDICUS.—We take pleasure in announcing that Mr. George S. Davis, of Detroit, has undertaken to continue the publication of the Index Medicus on the same general plan, and with the same regard to typographical accuracy and finish as heretofore. The former publisher, Mr. Leypoldt, issued the journal during his lifetime at an annual loss of $1000. This was a burden that the executors of his estate, in justice to his wife and children, were not willing to bear. Its publication was therefore discontinued in December. So many letters of regret and remonstrances were, however, received by the editors, Dr. John S. Billings and Dr. Robert Fletcher, that Mr. Davis, with characteristic liberality, announced his willingness to re-issue the journal and assume the responsibility of its publication. The profession is to be congratulated upon Mr. Davis's public-spirited determination. The Index Medicus has become so indispensable an aid to literary medical workers that its permanent suspension would have been an irreparable loss to medical science.

DR. BENJAMIN LEE, of this city, is publishing, in the shape of short tracts for the benefit of the busy practitioner, the substance of a useful little treatise by Dr. Albert Reibmayer, of Vienna, entitled "Massage and its Utilization in the Various Departments of Medical Practice." An acquaintance of twenty-five years with this important therapeutic means enables Dr. Lee to speak with authority upon the value of this too much neglected method of treatment. The tracts will be on the following subjects, respectively: "The Art of Massage," "The Physiological Effects of Massage," "The Employment of Massage in General Practice," "The Employment of Massage in Surgery," "The Employment of Massage in Obstetrics," "The Employment of Massage in Gynæcology," "The Employment of Massage in Ophthalmology." A bibliography will be appended to each for the accommodation of those who desire to procure their information at first hand. The price will be only twenty-five cents each, including postage. We do not know of a more useful set of pamphlets, and cheerfully commend them to our readers as worthy of careful attention and the widest circulation.

DR. A. P. BRUBAKER, of this city, has been elected to the Chair of Physiology in the Pennsylvania Dental College. The Board of Corporators are to be congratulated upon the wisdom of their choice. Dr. Brubaker is well-known as a close observer, an original investigator, and a writer and lecturer of brilliant promise. He graduated from Jefferson Medical College in 1874. He was appointed Lecturer on the Anatomy of the Head, at the Philadelphia Dental College in 1878. In 1880 he was appointed Demonstrator of Physiology at Jefferson Medical College, which position he still holds. Dr. Brubaker has made many valuable contributions to medical literature. Among other papers prepared by him may be mentioned an exhaustive essay on Digestion, for a Dental Surgical Encyclopædia now passing through the press. He is also the author of the most practical compend of Physiology published in the English language. Its value and popularity are attested by the fact that it has passed through several editions within the last two years. Dr. Brubaker received the honorary degree of A.M. from Franklin and Marshall College in 1883.

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## REPORT OF INTERESTING CASES

TREATED AT

## THE SURGICAL INSTITUTE,

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from last number)

AFTER a considerable degree of improvement has occurred in the class of cases just described, or where the depressed condition is not brought on by overwork, or not one of true exhaustion, great advantage can be had from the use of Eugene Pau's well-known compound gymnasium (Fig. 3), with which the Institute is provided. No mistake, however, is much more frequently made by physicians than the attempt to require active or gymnastic exercises from exhausted patients, before they have been sufficiently rested and restored by other methods and measures of treatment, to be able to endure it. It is the large class of patients that are thus unable for any form of gymnastics, and yet need exercise, that the massage apparatus just described is of so much importance and value in treating. There are

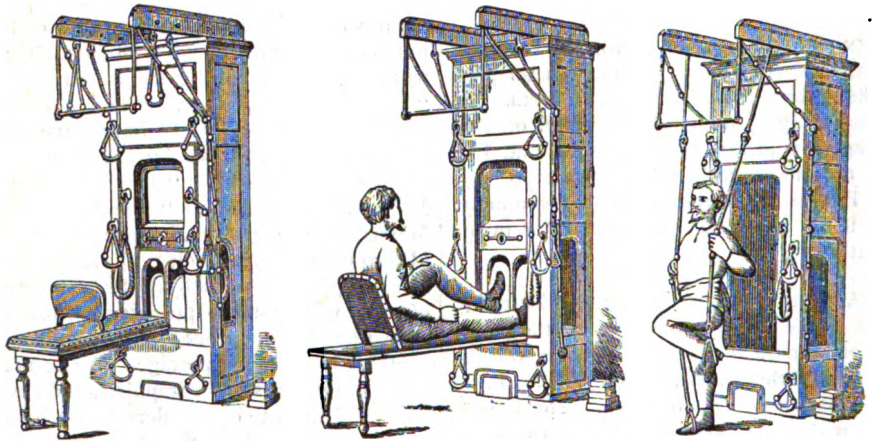

FIG. 3.

also certain forms of paralysis which, like these exhausted cases, are utterly unable for any kind of active exercise, for which there is no possible treatment comparable to active,

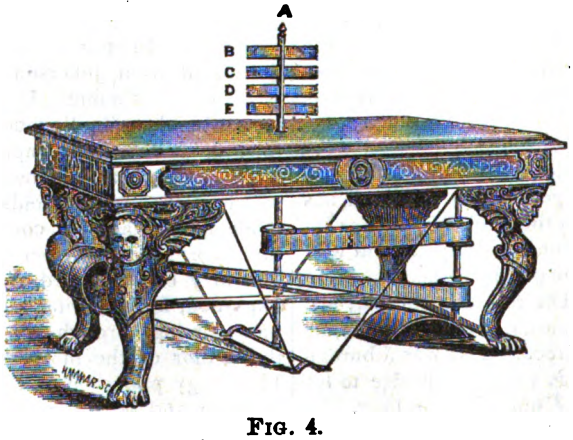


FIG. 4.

and prolonged massage, such as can tered by apparatuses Figs. 1 and 2, and when the skin is cold and insensitive, as it generally is in connection without muscular

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weakness and paralysis, the flagellating apparatuses, Figs. 4 and 5, are almost indispensable. Fig. 4 consists of a bench or table through and above which a rapidly revolving shaft *A*, projects; to this shaft are attached several soft leather straps *B*, *C*, *D*, *E*. As the shaft revolves these become gentle but efficient flagellators, whose operation stimulates the capillary circulation of the skin in a most satisfactory manner. The patient can be seated upon the bench so as to receive the flagellation on any and every part of the torso.

Fig. 5 operates similarly to Fig. 4. The patient is placed upon the seat *A*, which moves to and fro as in Fig. 2; the lower limb is placed between the two upright revolving shafts *C*, *D*, which being set in motion the projecting leather straps *E*, *E*, flagellate and stimulate the limb very effectually. By placing the patient on a seat at the end of the machine, the arm can be operated upon in the same manner. Thus by the combined operation of these various machines, the whole, or any desired portion of the body can be most thoroughly and completely kneaded and manipulated, and these massage operations are very much more

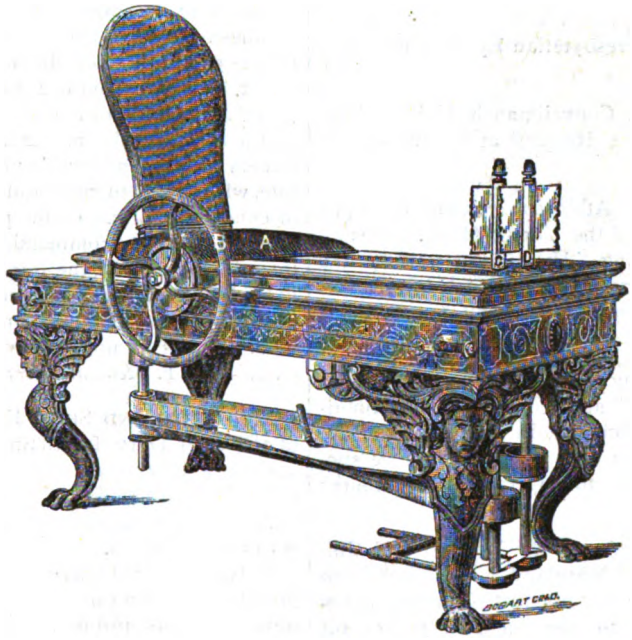


FIG. 5.

thorough and complete, than anything possible by hand manipulation. In fact, a very satisfactory substitute for real, active exercise can be obtained thereby.*

Many cases of paralysis will respond to treatment by the means just described. At the same time persevering efforts should be made to redirect the will power to the paralyzed and helpless muscles.

Professor Gross, speaking of "wasting palsy," says,† "The treatment, whatever it may be, should be combined with gentle exercise of the affected parts, to recall them, as it were, to a sense of their duty. They should, in fact, be re-educated by a system of careful training; but to do this to advantage, the efforts must be steadily and perseveringly continued for many months, if not for several years. Conducted in this way great confidence may be entertained of ultimate benefit." Unfortunately, physicians are too apt to relegate all cases of paralysis to the domain of the incurable. It is, however, in cases of infantile paralysis, that the most hope of benefit may be entertained, notwithstanding the fact that nearly all authors regard it as so intractable and hopeless.

[To be continued.]

* The ordinary clothing is not removed for treatment by any of these massage or flagellating machines.

† Third edition, vol. i., p. 626.

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## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Surgeon to Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Surgeon to Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. E. P. Turner (Class 1885) has returned to Baltimore from his home at Richmond, Va. He proposes spending a year in the University Hospital.

Dr. Schwalbe, who took the gold medal at the University of Maryland this year, has opened an office on West Fayette Street.

Drs. C. Pennington (Class 1882) and C. A. Cooke (Class 1883) have been added to the surgical staff of the Presbyterian Eye and Ear Hospital.

Dr. William T. Councilman is Visiting Physician of the Insane Hospital at Bay View Asylum.

Professor J. E. Atkinson lectured on April 14th in the hall of the Young Men's Christian Association building. His subject was "Baths and Bathing." Professor Atkinson's lecture was one of a course on medical subjects which has been given during the winter.

Professor Tiffany intends reading a paper on "Nephrolithotomy" at the meeting of the American Surgical Association, in Washington. He expects to exhibit a patient upon whom he successfully performed the operation two months ago.

At a recent meeting of the Medical and Chirurgical Faculty of Maryland, it was resolved to recommend to the Faculty at their annual meeting, on April 28th, to postpone their session till May 12th, so as not to conflict with the meeting of the American Medical Association at New Orleans. The following gentlemen have been appointed delegates to New Orleans from the Baltimore Academy of Medicine: Drs. Richard McSherry, J. E. Michael, Herbert Harlan, J. E. Atkinson, W. C. VanBibber, and J. J. Chisolm.

Dr. Joshua Wilson died at his home in Harford County early in April. He graduated at the University of Maryland in 1818, and was, we believe, her oldest surviving alumnus.

Drs. B. B. Watkins and W. Page McIntosh have passed the examinations of the Medical Board for the Marine Hospital service. Both of these gentlemen are graduates of the College of Physicians and Surgeons. Dr. McIntosh has been one of the Resident Physicians at Bay View Asylum during the past year.

## OUR ADVERTISERS.

Dr. Oliver Wendell Holmes, in acknowledging the receipt of an invoice of Hungarian wine (Tokayer Ausbruch) from Mr. L. Reich, of 63 East Eleventh Street, New York City, took occasion to extol its merits in the following beautiful lines:

"The precious juice has reached me in perfect order, and as the first drops of it run through my veins they inspire me with warmth which takes the form of gratitude."

THE FEEDING OF INFANTS.—This subject was discussed at the one hundred and twelfth annual meeting of the Medical Society of the State of New Jersey, at Spring Lake, May 28th and 29th, 1878. "Answers to this question differed with the residence of the physician—the country and city manifesting each its peculiar needs. The mother's milk is generally conceded to be the best for the infant, but even when this is abundant, it may be disadvantageous for the individual living on it, and a substitute be necessary. Country practitioners recommend cows' milk as the best substitute, while many in cities and towns speak highly of condensed milk. Of the preparations so various and so highly commended by those who put them on the market, the Imperial Granum seems to hold the first place in the estimation of medical observers. All agree in condemning the use of nursing-tubes as unclean, even with the best of care."—*N. Y. Medical Record.*

THE SMITH AND SHAW ELECTRIC COMPANY, of 168 West Thirty-fourth Street, New York City, announce in the advertising columns of this journal the production of a most unique "Pocket Battery," which promises to become very popular with the profession.

It is compactly made, finished in fine style, produces a current of sufficient range to meet all ordinary wants, and is, withal, sold at a very low price; thus giving every physician an opportunity to procure a reliable and convenient battery at a nominal cost.

ALBERT E. MENKE, D. Sc.; F.C.S., F.I.C., Professor of Organic Chemistry in the Kentucky State College, late Assistant Chemist, Department of Agriculture, Washington, D.C., says, "I hereby state that I have made an analysis of Duffy's Malt Whiskey, and found it to be absolutely pure, not containing a trace of fusel oil, or any other deleterious ingredient. It is peculiarly fitted for medicinal or any other purposes where a carefully prepared and unadulterated whiskey is desired."

DR. GEORGE H. H. WILLIAMS, of Philadelphia, Pa., says, "From a somewhat extended experience in prescribing Papine, I am led to regard it as the best and safest of all opiates."

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# SUPPLEMENT.

## *THE PHYSICIAN TO THE PUBLIC.*

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF JEFFERSON MEDICAL COLLEGE, AT THE SIXTIETH ANNUAL COMMENCEMENT, DELIVERED IN THE ACADEMY OF MUSIC, APRIL 2, 1885.

BY WILLIAM H. PANCOAST, A.M., M.D.,
Professor of General, Descriptive, and Surgical Anatomy; Corresponding Member of the Societe Clinique de Paris, etc.

GENTLEMEN: You have just received from the Honorable Board of Trustees, by the hand of its honored President, the "Summi Honores" of Jefferson Medical College. The goal to which you have so long looked, and striven so hard to reach, has been attained. The great exertions and the self-sacrifices that you have made, have gained at last their reward. After the long years of study and earnest preparation, you have passed successfully through the severe and impartial examination of the Faculty of the College. The Faculty, having thus been well satisfied with your merits and your attainments, have recommended you to the approbation of our Honorable Board of Trustees. By the authority invested in the Trustees, by the great State of Pennsylvania, under a charter of full university powers, they have this day, through their President, conferred upon you the highest honors that you can now receive from our institution. You this day receive the broad diploma of Jefferson Medical College, stamped with the great seal of authority. You are now enrolled as a regular physician in the ranks of our honored medical profession. Two weeks ago I told you that I would have the pleasure of meeting the graduates upon this interesting and important occasion. Now, on behalf of, and in the name of my colleagues of the Faculty, your honored professors; in the presence of this great assembly; in that of your friends and the friends of our school, I most heartily and sincerely congratulate you, on your attainment of this great distinction. I most sincerely hope that this day will be a veritable "commencement" of a long life of usefulness and distinction. May every prosperity attend you. May the world in which you will live, learn to recognize you as its benefactor and its friend.

Gentlemen, you are well aware, that during your long course of study every inducement has been given you to perfect yourselves in every way. That continually, you have been taught by your different professors, that as medical men you must always be gentlemen; that the Hippocratic oath binds you now, as much as it did your predecessors; that the principle which underlies it, and our Code of Ethics, is the same that should govern every one.

It is the basis now of all gentlemanly action, as well as the foundation of our religion, to do to others as you would have others do to you. You have been thoroughly trained in this great principle, both by precept and example. I know this is fully impressed upon you, at this moment of the commencement of your new career. I therefore take this occasion, and in the presence of this vast audience, which so well represents the wide world without, to appeal to them as to the whole world, to appreciate you as they should.

For three years, and many of you for four years, in the office of your preceptor and then in our College, have devoted yourselves most earnestly to the study of your profession. The public, I am sure, do not thoroughly understand what that means. It means, as you and we well know, earnest and severe work. Only the well-informed of the great world know how severe the work is that you have just passed through. The public should know, that in our school; the spring and autumn courses of lectures unite the winter sessions. With the exception of the heated term of July and August, lectures are continually given. Practically there are two courses, a winter and a summer course each year. By dividing our courses of lectures and examinations into two parts: a middle and a

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final one, the junior and the senior, or the fundamental and the practising branches, we arrange for a three years' course, which we advise and recommend, and which so many of you follow.

I earnestly believe, that we should continue to improve medical teaching in every way. I also think that the true American advance in medical teaching, is to examine students when they are well prepared; to give them every advantage of theoretical and practical teaching; work in the laboratories, and study at the bed-side in the hospitals. Then, whether it has taken two, three, or five years to master their studies; if well mastered, if they are proficient students, give them the credit for it. There is a great variety of talent. Some can master the principles of medicine in much less time, as you know, than others. We would not chain a Pegasus to an ordinary horse. We should not, in my opinion, imitate a Procrustean bed, to make every one fit it, by stretching them out or cutting them shorter.

So great, however, is the field of medical study, that it must always take some years for even the brightest intellect to master. You know, gentlemen, how long it has taken you, to prepare for the thorough examination that you have just passed. You have found it impartial, and severe enough. I know how you have dreaded the examinations, and how anxiously you have prepared for them. I feel assured that many old practitioners, accomplished by years of experience, with a reputation for great excellence in their different specialties, could not pass creditably the examination that you have just undergone, without preparing themselves anew. Doctors, recent graduates of other schools, are sometimes unable to meet the requirements of the standard of our school, and cannot gain our diploma. To obtain the necessary knowledge, our students work most laboriously. In the winter, from nine in the morning until ten o'clock at night, ten hours out of the twelve, in close, hard study. Each hour filled with teaching to be remembered, or practical work in the laboratory to be mastered; the remainder of the time should be left for repose and meals. Two or three hours of that time, however, must be spent in reading up with the lectures and arranging notes. When the country grows richer, the student can afford to take more time, and work more easily. I believe that during the winter course the industrious student in our College, must spend about thirteen or fourteen hours in work. I believe that I am stating a fact, now well known, that during the lecture season, no students, as a class, in the world, work so assiduously as the American student.

The public should be informed, at how great an expense, not merely of money and time, but also of health, the medical student gains the knowledge, that is to make him its useful servant. During an observation of many years, from my student days on the benches, until now, I have had a long observation of medical students. I state, and my observation will be borne out by my colleagues, that the strain upon the vital forces of the student is very severe. He is not usually exposed directly to contagion; and in the dissecting-room, every precaution is taken to avoid poisoned wounds. But the steady, continuous strain upon the mind of the earnest student, with the confinement in lecture-rooms and laboratories; the change from home, and want of sufficient open-air life, make a marked deterioration in his vitality.

Only those possessing sufficient health should really study to become physicians. The idea that some among the public hold, that the young man not strong enough for severe work, is a proper person to devote to medicine, is a great mistake. We have seen good and promising men of bright intellects, with every qualification for distinguished success in our profession, save that of health—a good constitution—break down utterly; be compelled to cease their studies, and advised by us to give up the study, as too severe a strain upon their health. But still more sad, painful, and melancholy to the Faculty and class alike, is it, when one among them sinks utterly, and dies in his harness of faithful students' work. What a pall is thrown over the whole college. How closely and sadly are we then all drawn together, in the common bond of brotherhood and sympathy. Sorrow for our lost comrade and pupil, sympathy for his loved ones, grieving over the vacant chair at their fireside. Thankful are we, your professors, that the Omnipotent has spared this class.

Our school is essentially an American one. Developed for, and adapted to the genius of Americans, traced back for its origin through the University of Pennsylvania, the mother

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school of all in this country, to the great school of Edinborough in its palmiest days, when Rush, Physick, and Shippen were among its matriculants.

The founder of the Medical Department of Jefferson Medical College, Dr. George McClellan, impressed the genius of his American development upon our school. Instead of imitating merely the British system, he obtained a full university charter, with all its rights and privileges. He then instituted for the first time in this country, the uniting together of practical and didactic teaching, under one roof —that of Jefferson Medical College. This plan of teaching has been imitated, by nearly all the great schools of the country. The regular and thorough course of lectures, the didactic; and then the principles applied, and their value shown by the same professor, in the benevolent service to the poor, in the public clinics. This has been of twofold advantage. By the talent of the Faculties, which then succeeded to the founder, the reputation of the school was made. Thousands of students, have availed themselves of these opportunities.

At this moment, I believe, we have the greatest number of living alumni in the country. Do the public appreciate, how great an advantage it has been to this city, that so many have gone out through the gates of our school to proclaim its merits; the many advantages that the city commercially possesses; also how much money they brought to spend in their support among its industries? The student's least expense, is that of his medical fees. The other advantage also is for the benefit of the public. The reputation of the successful clinics became so great, that vast numbers of the suffering, not only of this city and State, but of distant States, flocked to the amphitheatre for relief. So great is the reputation of the clinics at the college on Tenth Street, that the Honorable Board of Trustees, aided by the friends of the institution and also by the State, raised funds to build a hospital—a hospital worthy of the reputation of the clinics, and adjacent to the school on Sansom Street.

The wonderful activity of our School Hospital, you, gentlemen, can bear witness to. Compactly built, five stories high, in the centre of the city. Here, the streets being well paved and drained, there is no malaria or intermittent fever. The private rooms are at the top of the building, away from the noise of the streets and the Hospital, with every convenience. A Clinical Hotel at the top of the house, constantly filled, as you well know, so that rooms must be spoken for in advance. A magnificent Amphitheatre for the clinics, one of the very largest, if not the largest, in the country.

Here, you can testify to the world is a wonderful amount of good done, and hard work also, by the Faculty and the Hospital Physicians and Surgeons; that all the year round, you have the benefit of the services of the Hospital Staff, or that of the Professors. That in the Medical Clinics, you have the advantage of studying from the standpoint of the Chair of Practice and that of Therapeutics. In the Surgical Clinics, from the Chair of Practical Surgery, the Chair of Principles, and also from that of Anatomy. In these clinics, I have had the opportunity of impressing upon your minds, the importance of a thorough knowledge of Anatomy. Not as a dead science, but the live anatomy that I have taught you. A medical and surgical anatomy that you must know, as it comes before you, in the person of every patient.

A Surgical Clinic is really one of the most dramatic scenes of our civilization. You, gentlemen, from the commodious seats placed around and above, have looked on day after day; watching, observing, and learning; often severe as well as just critics.

No critic is more critical than a medical student. He expects to see every operation well done, every case well diagnosed and well treated. In after years, when the responsibility of the same work falls to his lot, the weight is felt, and the difficulties are appreciated. He then remembers how easy it seemed to him, when he looked upon a skilled expert doing the same work, that he now finds so difficult. There has been a prejudice in the popular mind against medical students, as a class, due to the youthful gayety, even folly of some of you and our predecessor medical students. We, who know medical students well, can freely state to the public, that there are no set of men in the world who can be more easily controlled. An appeal to their better nature, always brings forth the proper response. The noble, high-toned man, shines up through the gayety of youth. How many mature, even elderly men and experienced practitioners of medicine, are also among the class. No humbug or sham work will it listen or attend to. While the medical student may dread the severe

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examination, while he may be worried at the immense field of knowledge and study that the professors may show him, yet he respects him the more for his very earnestness, thoroughness, and knowledge. He wishes his professors to pour out the whole flood of knowledge before him, even if his students' bark be tossed and worried by the stream. He is glad to hear and see all, and that of the best, even if his mental digestion be disturbed and very imperfect. They watch, to see if the promises of the great school, will be thoroughly fulfilled. They know and understand their professors, as well as we do them. Day after day they see us before them, and they soon learn to appreciate us at our full value.

He who thinks that a class of medical students is composed of fools, makes a great mistake, and will be caught in his folly. The bright, observing intellects give tone to the rest, and even elevate the mental capacity of a class. The less bright will comprehend difficult truths the better, for the association while sitting in the class, than if alone. From out the ranks of the medical students, come the great benefactors of the human race. To their intelligence we, the Faculty, appeal, as competent witnesses of the thorough work done in our school, in the lecture-rooms, clinics, and laboratories; of our steady and constant efforts in the way of advanced and perfect medical teaching. They know, that our diploma requires, every year, additional earnest efforts to obtain. The alumni of our school know, that it increases in honor and reputation year by year. How great an advance, since the beginning of the modest school founded by McClellan, more than sixty years ago. Now we have a commodious college building, on Tenth Street. Within the last few years, it has been thoroughly refitted, with laboratories, attached to each chair, and actively employed. Also the admirable hospital adjacent, on Sansom Street, whose usefulness and activity outrun its means. The Honorable Board of Trustees, give their valuable services for the control and management of College and Hospital, without fee or pecuniary reward. The Faculty contribute from the rental of the chairs in which they labor, besides, what all may dispense in private charity. We need more money, for the greater development of our increasing usefulness, and even for what we are now doing.

You, graduates, and you, the great public, can do no better deed, than to aid it and the Honorable Board of Trustees by giving of your own gains, and to encourage the benevolent to add to the means of the Hospital and the school.

You gentlemen know, that the standard of our school is among the very highest in this country; that no school stands higher than ours. It is one of the six schools in the United States, recognized by the Royal College of Surgeons of England. The public should know, that our diploma is a passport, in all the medical schools and hospitals in Europe. Gentlemen now sitting on this platform, can bear testimony to the fact from their personal experience, as well as myself.

Sir Benjamin Brodie, in 1856, when I was walking the Hospitals in London, wished me to use it as a basis, for obtaining the diploma of the Royal College of Surgeons by examination.

The next year, my good friend, the famous Civiale, a noble gentlemen and ornament of our profession, requested me to do the same in Paris, wishing that I should settle there as his assistant. I found my diploma, however, sufficient for every opportunity of study, opening up all the medical avenues. I preferred living in our grand country, and in this good city of Philadelphia, under the protection of the diploma, giving every authority and right—the diploma of Jefferson Medical College. In Paris, at that time, there arose some trouble among the medical students; not among the Americans, I am proud to say. An order was then issued, obliging every one desiring to attend the hospitals, to prove that he was studying medicine or surgery, and to obtain a permit from the medical authorities. I had merely to prove, by a note from our national representative, that I was a graduate of Jefferson Medical College. I then at once received from the Bureau, of the General Administration of the Hospitals, the permit required. Our diploma is recognized, all the world over, as that of a great and thorough American school. So grand is the feeling of Brotherhood in our Profession, that one need only have the proofs that he belongs to this regular profession, to be taken by the right hand of fellowship; to be recognized and assisted, if need be, in any quarter of the civilized world.

If Europe were destroyed to-day, we could develop successfully without her. We are independent of her, and could advance in our profession as well as in everything else.

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The graduates of our school, and the school itself, belong to the regular profession. The public should know that our regular profession has ennobled itself with works of learned science and benevolent actions.

It has been of incalculable value to the world, and has placed it under everlasting obligations. It has preserved and perpetuated a pure science and art of medicine, founded upon careful observations; great clinical study with thoughtful induction, traced back into the mists of the departed centuries.

The regular profession does not labor for mere selfish personal considerations. It cultivates all the means of health for its preservation, the study of hygiene, and the methods and manners of restoring from injury and disease to health. It engages in careful and earnest investigations, of the cause and nature of all epidemics; some of which every now and then, as the dreaded cholera, sweep over lands and peoples, carrying horror and destruction into homes and hearts, and devastation to the loveliest parts of the world. Our profession is now standing sentinel, and warning the community of the impending danger of cholera for the coming year. Suggesting the necessity of cleanliness and purity in cities, villages, and homes; pure water, fresh air, and clean streets. "Rebreathed air is poison; impure water at times spreads disease as fire explodes gunpowder."

"Filth, idleness and gluttony are the friends of death." We are giving now directions with regard to diet and food, advising medical inspection, compulsory notice of infection — better protections, than the best quarantine system, which has always proved more or less imperfect. If it could be made perfect, it would be a good guard. When the scourge comes, there will be members of our profession aiding, protecting and relieving the public; and sacrificing their lives for the benefit of the public. While we, as earnest and scientific physicians, stand guard at every avenue, where disease may enter, to do its dreadful and often fatal work, we are expected to be refined, cultivated, and high-toned gentlemen. Our mission is one of humanity. It awakens the warmest sympathy, and calls into active exercise, the most tender emotions of the soul. The distinguished Descartes once predicted, that all the great movements of the world of thought, in physics, in morals, and even in government, would at some future day, be evolved out of the medical sciences; princes deem it well worthy, of their personal cultivation and devotion; a Bavarian prince is now, as I have read, a skilled opthalmologist.

In 1856, Sir James Y. Simpson, told my father and myself, that, one day on returning to his home in Edinborough after his daily rounds, a lady was announced among his patients. On taking a seat, she said: "What is there new, Sir James, in your science and practice? I have traveled up from London, where I am visiting the Queen, to have a chat with you about medical science." She then announced herself as a Russian Archduchess, sister of the Czar of Russia. The Romanoff family have always been much interested in the science of medicine.

During our Centennial Exhibition, a medical gentleman, with the rank of General, attached to the Russian Commission, told me, that one of the special commands he had received, was to see my father operate in private or at the Clinic of the College.

Indeed, our profession is engaged in ennobling studies. It is closely associated with the interests of every human life. We should indeed have influence in the world. Our work should be most warmly appreciated. The best of it is known only to ourselves. But the grand interests of our profession, are not thoroughly recognized — our scholarship is not always appreciated.

There are some persons who are scoffers and skeptics, and those who have a want of reverence for everything sacred; so it is not strange that there are also those, who vehemently denounce medicine and its earnest cultivators. But when their bodies are racked with pain, or feeling the pressure of infirmities, then seek they for relief; then turn they toward what they have reviled in health, and clamor for assistance and aids to health, or to save from the yawning tomb. The life of the scoffer cannot always be saved, but his suffering can be mitigated.

Our art often does wonders — almost seeming miracles — in spite of its acknowledged want of perfection. What is perfect in this transitory life? Yet, year after year, century after century, what wonderful progress it has made, and how developed and improved is our science, in this nineteenth century. Not perfected yet, hence there is work for you, gentlemen, for us and for all interested in saving hu-

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man life, in allaying suffering. Time is fleeting, but art is long; hence, you and we, whose lives are but links united in a chain, to continue the unbroken existence of the profession of medicine, have our career of usefulness.

There is something for you, and all of us, professional brethren, to do; and if each, adding but his mite, does that, the chain is kept bright and strong. In spite of all cavil, the lofty position of our profession is recognized, not only by the civilized, but also by barbarous nations, From the far East to the wonderfully developed West, which now shakes hands with the Orient across the broad Pacific.

We, now, of the Occident, are giving back with increased accumulation, the knowledge which we formerly received from the Orient. Knowledge has followed the Star of Empire. Southey says of us:—

"All men hold in honor
The skilful leech. From land to land he goes,
Safe in his knowledge; the sword of war
Spares him; kings welcome him with costly gifts;
And he who late had from the couch of pain
Lifted a languid look to him for aid,
Beholds him with glad eyes, and blesses him,
In his first thankful prayer."

The public does not thoroughly comprehend our profession, or the use of our Code of Ethics. It requires some education upon that point. Some call us, ignorantly or carelessly, allopaths, which we are not. Do not allow yourselves, gentlemen, to be ever so called. You and we are regular physicians. You have just received the broad Diploma of our School, stamped by its great Seal, under the grant of its Charter of full University powers, from the great State of Pennsylvania. Our School is a University establishment; this the public do not generally know. Our Medical Department we here today represent.

The Academical, fortunately for our Department of Medicine, is on the other side of the Alleghenies. The Jefferson College of Cannonsburg, now associated with the Washington College, fortunately separated; and I say it with all respect to our other active and distinguished Department; as the honorable Board of Trustees in this city, is not embarrassed in the management of the affairs of the Medical, by the sometimes conflicting ones of the Academic. You gentlemen are now our confrères, Doctors of Medicine. That is what the M.D., Medicinae Doctor, on your door-plate or window, will mean—not allopaths, nor paths of any sort. Who has ever seen the sign, "Allopathic Physician?" You now are enrolled with us, Doctors of Medicine, Philosophers in Medicine, constant students and thinkers of our science and art; earnest workers in developing and advancing them, so that they may benefit all mankind. This entitles you and us, to use every and any remedy, that will benefit the suffering and heal the sick or injured. Whatever is in the air above and around us, in the earth beneath, or in the waters about us, we can use if it can serve suffering humanity—if we can do so wisely, and justify such use at the Bar of our Profession; to the satisfaction of its honest and thinking members.

Some of the public charge us with being narrow and too conservative, that is not so; the profession of medicine has never refused to accept any suggestion or assistance, no matter from what source. Ofttimes slowly, but with an honest and wise conservatism. Wishing not to be rash, or to encourage experiments, dangerous to those entrusted to its care. If there is truth and good in the novelty, it is sure to win its way and be ultimately accepted by the regular practice. A prophet may have no honor in his own country. An improvement or invention may be opposed at home, from various causes, some of them, perhaps, interested. It will, however, be appreciated by the candid and unprejudiced abroad, and win its way.

Water treatment, which may be abused by the hydropathist; vapor bath, which was used as a quackery by the steam doctor, or steamopath, whom I have seen in my boyhood, riding his circuit in the country with a steam-box fastened to the back of his sulky. Capsicum and myrrh, the famous No. 6, of the Thomsonian, the movement cure, now the massage, electricity, the panacea of the electropath. The minute doses of the homœopath, which improved pharmacy has given to them and to us in the alkaloids and strong extracts, all these we use, and are justified in using, with judgment, and for the proper case; and we also know that by dilution things are not made stronger. From no source or direction do we refuse knowledge, that will advance science. Professor Oliver Wendell Holmes says, "From a monk we learned how to use antimony, from a Jesuit Father how to cure the ague, from a friar how to cut for stone, from a soldier how

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to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy maid how to prevent small-pox, and from an old market woman how to catch the itch insect; from the Japanese heathen the acupuncture and the moxa, and from the American savage the use of lobelia." The earliest accumulation of medical facts—the first medical books—were obtained from the public; they were the remedies and directions, collected and preserved in the ancient heathen temples.

In the earliest days of classic Greece the sick were brought from their homes, and placed on litters in the thronged marts of commerce; the passing, busy merchants, or the traveler of leisure, were begged to tell of any remedy that they may perchance have learned or heard of, that would benefit the case presented, or anything that would cure. If this remedy proved successful, its formula or name was preserved religiously under the care of the priests, with others obtained in like manner. Hippocrates, the sage of Cos, our medical father, born 460 B.C., is said to have studied these carefully, to his and our lasting advantage. I would tell the public that the science of medicine, has most willingly received every contribution; it is older, as I have said, than profane history. It has advanced steadily from a small beginning out of the dark arcades of the centuries.

It has often been hindered by superstition and ignorance. Under the control of this and then of that school of philosophy, sometimes advantageously, sometimes to its detriment. Protected by the priests of heathen times and in the middle ages.

Then, again, by them opposed, embarrassed, and made a mystery. Dragged down by superstition, and struggling with misconception, until now it illuminates the world—the study of the human frame, living and dead.

This knowledge, set forth with precise accuracy and followed up to a logical and practical sequence, with interpreters of nature such as Hippocrates, Sydenham, Harvey, Hunter, Bechat, and many others. We are the legitimate heirs of centuries of knowledge. The public should appreciate the labor, the earnest, studious work that our profession has undergone; the danger to the lives even of those who have advanced its knowledge to this present day. Labors and dangers that you, graduates, have already undergone.

Roisseau says, speaking of our profession, "There is no condition which requires more study than theirs." While it supports the one who exercises it, at the same time his scientific labors are connected with the best interests of humanity. No man is more useful, nor can any merit be more brilliant, nor should any be appreciated, above the good and great physician. He not only fulfils his duty in ordinary times, but when pestilence sweeps over the land, and in the roar and crash of battle. Who is greater practically than a skilful and learned physician—one calm, careful, yet bold, with an intellect bright and clear, a heart full of kindness, ministering to suffering in all gentleness and mercy—that compassionate heart and gentleness of manner, which Shakespeare calls the milk of human kindness. Unfeeling roughness in our profession, I am proud to say, is a great exception. Cicero, the greatest ornament of the Forum and the literature of Rome, the foremost orator and writer of Rome even in its most brilliant epoch said, two thousand years ago, "That men in no way approach nearer the gods than in giving health to their fellow men." "Homines ad deos, nulla re proprius accedunt quam salutem hominibus dando." The prince of physicians says, "A philosophical physician is in manner a god." ιητρος γαρ φιλοσοφος ισωθευς.

Dr. Johnson states, in his dignified way, "That every man has found in physicians great liberality and dignity of sentiment, very prompt effusion of beneficence, and willingness to exert a lucrative art when there is no hope of lucre." Voltaire, like Cicero, exclaims, "That the man who is occupied, in restoring health to his fellows from pure benevolence, is far above all the grandees of the earth, he belongs to the divinity." How much service we render to the public without compensation. One-half of nearly every physician's practice, no matter how distinguished, is for charity. Witness the arduous work in which he sometimes sacrifices his own life, in the clinics and hospitals. Serving in hospitals without pay, and often without any just appreciation.

You will be asked, gentlemen, by the laity, by the great public, your opinion about vivisection, and the value of it as regards any benefits that may accrue from it, to the human race. We, as a profession, are conservators of human life, and all our instincts from the earliest days of student life are cultivated, to prevent and relieve

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suffering. As a class, none other is more fond of the brute creation. How often have I seen medical men in the cities and the country, in this and foreign lands, proud and fond of their dogs, their horses and their cattle. You and we have studied together, human anatomy and physiology thoroughly; we have investigated, in connection with them, comparative anatomy, so often furnishing valuable comparisons and illustrations.

We know that the machinery of all animals is similar. Even if not believers in evolution, we know that there is a wonderful similarity and grading of the anatomy from the lowest to the highest, or from the highest to the lowest. We know, also, that the vital spark, which in man we call the vis anima, the soul, is very similar in the highest and lowest, through all the chain of the animal creation. It sparkles in the flashing eye of the war-horse and is recognized in his shrill neigh, vying with the trumpet, or in the affectionate recognition, as the steed turns in his stall to his master, ready for the harness or the saddle.

In the dog, man's faithful companion, how human, often, is his liquid eye of affection; how responsive the vital spark of his machinery to every action, every gesture, often even the emotion of his master. He thinks and seems to reason. His instinct sometimes even excels reason. So full of love is his being, that he will lay down his life for those to whom he is devoted.

As nothing is lost in the chemistry of organic and inorganic structure, when their bodies dissolve and disappear to assume new forms, the vital spark must be economized also. Sympathizing with the brute creation, the majority of our profession, I believe, are strong friends of the Society for the Prevention of Cruelty to Animals. All civilized communities have their laws, dealing with the subject of cruelty to animals. Great good have these done. Brutal men, more brutal than the brutes, have been checked and taught a consideration for suffering flesh.

Yet many benevolent and well meaning people and some sensationalists, have endeavored to create the impression that vivisectors delight in giving pain to dumb animals. This may be answered by stating the fact, that in vivisection the operator requires all his attention to be devoted to the investigation, and it is to his interest that the animal should be tranquil. He therefore generally employs some anæsthetic—ether or chloroform, or the hypodermatic injection of morphia or laudanum, whatever may be best suited.

I remember, when studying in Vienna in 1856, being strongly impressed with the care which the famous Brücke used, in saving animals from pain while he was experimenting upon them. The cries and struggles of the animal would often interfere with the method and success of the investigation.

Animals prey upon animals, from man down. From this standpoint the world seems a bloody one and full of carnage. Yet it is so ordered. If animals did not prey upon each other, and if man did not kill them, the world would be overrun with animals and vermin, and there would be no place for man. Animals take the lives of each other, and also of vegetables. It is right for us to kill animals that we may live. The world and all upon it was made for man. It is certainly right for those experienced men, who are devoting themselves to the study and working of the animal economy, and of the effects of drugs upon the structures, to use judiciously and mercifully the lives of the lower animals. To save the highest—man's—our lives. To study on the animated flesh of the brute the action of therapeutic agents, to know their power and use, to see and learn how and in what way, they may benefit man. I, for one, would not have animals tortured nor vivisected uselessly; but to make experiments on animals, in a merciful way, is much more benevolent than to rashly try them on human beings. My belief is, and I think that it accords with the judgment of the majority of the profession, that vivisection should be permitted, if properly performed, by those who are devoted to the study of physiological science; not ruthlessly, but under the control of mercy and sound judgment.

Ether was introduced into this city as the anæsthetic, while I was a student on the benches that you have just left. I recollect the experiments performed upon animals to test its effect. Notably those of Professor Charles D. Meigs, the distinguished Professor of Obstetrics of that time. He was opposed to the use of ether in his specialty, believing in and quoting the Scripture, "That in travail and in pain the child must be born." He experimented upon animals in the upper lecture-room—the amphitheatre. I recollect the amusement created in the class, by the struggles and resistance made

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by a sturdy sheep, who, in bleating and butting, refused to be killed by ether, and trotted out as strong as ever. He thought giving ether was dangerous to life. But now, how wonderful the change. That which was once hesitatingly used, and tried upon animals, is now in every day and constant use. Woman is saved from suffering, and the most painful and dangerous operations are performed without the patient feeling the least pain. I can recollect the practice, when I have seen tartar emetic, tobacco, and bleeding used to reduce and relax a strong patient in certain conditions, where now it is done by a few whiffs of the anæsthetic.

Shakespeare says, "There was never yet a philosopher that could endure the toothache patiently." I have seen patients make themselves rapidly drunk, so as to be able to bear a painful manipulation or operation. Now, the anæsthetic does this decently and well, producing relaxation of the strongest muscles of the whole system. Not only is the feeling of pain removed, but what is really of more importance, the dread and anticipation of the pain.

In regard to scientific investigations we might even go farther. It is considered right to kill a human being as a legal punishment; that the law shall murder him who has been a murderer. Of the correctness of this I have great doubt, as so many innocent persons have been killed from the misconception of circumstantial evidence. The reflection was once made upon our profession that we buried our mistakes.

Dr. Warren (Bey) replied to the legal gentleman, "Yes; but the mistakes of the law are hung upon the gallows." The putting to death of a criminal by law does not seem to prevent murder. The hanging spectacle, was formerly an amusement to the dangerous class. But if killing must be done for the benefit of society, I think that it should be done in a more scientific and less brutal manner. If done scientifically, with some form of anæsthetic, valuable physiological knowledge might be gained.

How great an obligation, is the public under to our profession for its adoption and use of ether. Thoughtless and satirical people sometimes cast gibes at us, and imply that we make our subsistence from the sufferings of people, and rather like to see such suffering. That the surgeon is cold-hearted and cruel, and loves to cut for the sake of cutting, without regard to the suffering he causes. You graduates are witnesses that this is false. In our great clinics, at the Jefferson Medical College Hospital, how careful we are to save suffering; how constantly we use ether, and often insist upon its use, to a patient whose strong nerves can bear pain or who dreads becoming unconscious. Our efforts are always directed to save suffering. How eagerly was the use of ether, as an anæsthetic, adopted by our profession.

Whether Long, Wells, Morton, or Jackson was the first to introduce ether as the anæsthetic to our profession and to the world, it is to the great honor of our country that it was first done within her borders. A priceless boon, a most beneficent gift from the Almighty. The greatest discovery I think that was ever made in the world; far exceeding in value the discovery of the steam engine, or the use of electricity. Life and death relieved of agony; pain and suffering almost banished from the world; the old primeval curse greatly removed. A grand step toward the millenium. The public appreciates its value now well; but not so much as we, of our profession. How much less does the physician and the surgeon dread encountering suffering; how much easier in his soul is the surgeon now that he knows he will not give pain. How much more calmly and carefully can he now operate, to cure a deformity or to save valuable lives. How many more difficult and conservative operations to limb and life are now invented and undertaken, when the question of pain does not require consideration.

Dr. Crawford W. Long, of Athens, Ga., who studied medicine in Philadelphia, and graduated in 1839, at the University of Pennsylvania, performed the first surgical operation under ether.* He did this with intention and forethought, upon a Mr. James Venable, of Jefferson, Ga. The first public demonstration of the value of ether as the anæsthetic, was made by Drs. Warren, Hayward and Bigelow, in the Massachusetts General Hospital, October, 1846.

The discovery then first burst upon the world, and its greatness was soon appreciated. Ether was recommended by Dr. Morton, the dentist, and given by him, though at the suggestion of Dr. Jackson, the chemist.

Horace Wells, Doctor of Dentistry, confined his attention to the anæsthesia produced by

* The Discovery of Anæsthesia, by J. Marion Sims, M.D., etc.

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nitrous oxide gas. It is most happily now employed extensively by our sister profession, in its benevolent and skilful operations. Jackson is now in an insane asylum; Morton died from congestion of the brain, produced by worry; Horace Wells committed suicide in despair in New York City. Dr. Crawford W. Long, I believe, is still alive, but greatly reduced in means from losses occurring during the civil war.*

On the famous Boston Common, I have seen a monument to Anæsthesia. No name is there inscribed to honor the discoverer or discoverers of this use of ether. I would respectfully suggest that the names in the order that I have given them, should be there inscribed. Farther, to prove that republics are not ungrateful, do you, the public, do your duty, through Congress, and make a suitable grant of money to the families of these great benefactors of the whole human race. Sir James Y. Simpson, for the subsequent discovery of chloroform, as an anæsthetic, was promptly rewarded by the appreciating British government. Why should our republic be ungrateful?

Anæsthesia is like the

"Sleep, that knits up the raveled sleave of care,
The death of each day's life, sore labor's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher of life's feast."

Cervantes makes Sancho Panza say, "Blessed is the man who first invented sleep, it covers one all over as with a blanket:" but thrice blessed, I say, the man or men who first demonstrated this use of ether; the place and the country in which it was first used, to produce the sleep of anæsthesia. Thus relieving and preventing the pain and suffering incident to human life. Medicine is older than profane history. There is no reliable historical work describing its first beginning. When Father Adam gave up paradise to follow Mother Eve in their struggle for existence, simple remedies must have been used to control feverish symptoms, or lotions to soothe bruises and cuts, or the spot from which some thorn had been extracted. But in sacred writ is described, the deep sleep that fell upon Adam, when his rib was taken out to make Mother Eve. By this it is understood, that Adam was in an anæsthetic sleep. By this it seems the anæsthesia of the present day was foreshadowed; and some from this exsection of the rib, may claim priority upon the earth, for surgery over medicine. Some have slanderously said, what a great pity, that lovely woman, was made from a crooked rib. Slander indeed, for as Sir Walter sings in Marmion:—

"Ah woman, in our hours of ease,
Uncertain, coy, and hard to please,
And variable as the shade,
By the light quivering aspen made,
When pain and anguish wring the brow,
A ministering angel thou."

The question of cremation is now before the public, and the opinion of our profession is sought in regard to it. You will be expected, gentlemen, to give an opinion upon the question. In our own country and in England or in Germany, it has been practised to some extent, and some prominent people have given it their sanction. A distinguished Emeritus Professor* of our College has indorsed it by his precept and example. The great body of our profession are however opposed to it upon, I think, most reasonable grounds. There is no doubt that if it was the universal practice, death by poisoning might become more frequent. The murderer might more easily escape. The body once cremated, would hide in its ashes every vestige of the cause of death. If suspicion should arise, some time after the demise of an individual murdered, there would be no opportunity of exhuming and making a chemical investigation. I feel assured even, that the practice of making *post-mortems* would be forbidden and become obsolete. This is denied by the supporters of cremation, but history proves the contrary.

In the latter days of Greece and Rome, when this was the practice, the dead were regarded with superstitious feelings. No examination of the body was permitted. So utterly impossible was it to investigate the human body in any way, that Galen was obliged to cross the Mediterranean Sea, to Egypt, to see and examine a human skeleton. Even in that land, the most advanced in science at that time—when Alexandria was adorned by its great school and the famous library, during the reign of the Ptolmeys—the embalmers were obliged to flee from the mob after fulfilling their duties, glad to escape from the shower of missiles with their lives. By this practice of

* J. Marion Sims.

* Emeritus Prof. S. D. Gross, M.D., D.C.L. Oxon. LL.D. Cantab., etc.

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embalming some human anatomy was learned, and Alexandria ultimately became the great school of anatomy of that time.

It has been the means of preserving important knowledge. The coverings of the mummies have given occupation to the scholar, and valuable information to our generation.

On the other side of the world from us—in India—the British government has been obliged to forbid by law the practice of the Suttee. Not only from the question of humanity—to save the unfortunate wife from being burned alive with the dead body of her husband—but, I have seen it stated, for the purpose of preventing murder by poisoning. The cremation of the dead having been found so often to be used to hide the murder. During any great pestilence, making its holocaust of victims, and when the ordinary burial might possibly invite its continuance, cremation may be useful, and even necessary; or when the number of the dead are so great, that the living are too few to give the usual sepulture. But, in the course of ordinary events, there are strong scientific grounds of objection. If it became the fashion and the custom, the unclaimed dead would be cremated likewise, and all opportunities for the pursuit of anatomical science would be lost. Without the cultivation of anatomy and physiology our medical science would come to a standstill. It was not until the anatomy of the human body was understood, that any real and valuable advance was made in medicine. To relieve disease, to cure deformities, to cut away malignant growths, to amputate limbs successfully, requires a knowledge of anatomy. The first knowledge necessary for the medical man, and a knowledge that he must retain more or less completely during all his medical career. Other things being equal, the better the anatomist the greater the surgeon will be. The *post-mortem* follows as a necessary scientific sequence. Every one of the public must know, that to be able to examine the causes which produced death, must be of the greatest value in making medical men to know, what they have to combat; the conditions needing treatment, and above all, if the means used have been adapted to the necessity; if they have benefited, or the contrary.

Every regular physician is always anxious for such a test. The public have become educated to appreciate the importance of it. Such examinations are conducted with such delicacy and propriety in our great centres, that they are almost always easily obtained, and in many cases are requested by the friends of the patient. Thus they can learn if there are any hereditary or constitutional conditions existing. Information of great value for the preservation of the descendants; also if everything that could have been done was done. The real and true advance of civilization and intelligence, is to have a *post-mortem* made in every case. A severe test of the practitioner's knowledge and skill. This the regular physician desires and courts, as he is only seeking for knowledge and truth, and conscientiously to do the best, that can be done.

The suggestion made, that interments may endanger the health of our water supply is not valid either. Dust to dust, is the solemn statement, and so it is. Soon the once vital clay, mingles with that of mother Earth. The earth is a great purifier. It has been shown by one of our distinguished alumni, Dr. Adinell Hewson, that it can have useful applications in many surgical conditions.

We all know how soothing an application it is, to the acid poison of the insect's sting. Did our Saviour not make mud and anoint the eyes of the blind, as he performed the miracle of restoring sight. The Schuylkill has never been poisoned or contaminated by Laurel Hill, but from other causes that ought to be checked. The work of the living is often far more poisonous than the results of burial. At Laurel Hill, in the beautiful Wissahickon gorge, an interesting geological region, as any one can observe, the dip of the strata is towards the north. As the rain descends, the water, percolating through the strata, flows north, away from the city. Even intra-mural burial grounds, which apparently are more objectionable, have their advantage. They keep open spaces in the great cities; these, adorned with shrubs and stately trees, are quoting Burke's great phrase, "Lungs for the city."

We have plenty of room yet in our neighborhood, for beautiful burying grounds. When the land becomes crowded with the living, so that there is no place for the sacred dead, then will it be time enough to establish cremation, and not until then. The real advance in funeral obsequies at the present time, I believe to be not in cremation, but in a simple form of burial. In place of heavy and costly caskets,

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light wicker ones should be used, they can be made easily strong enough to carry the modestly robed contents. This will make a revolution in regard to expense—a great boon to the poor classes—and will allow the dust to mingle more rapidly with its parent dust.

Gentlemen, I have set forth some of the relations of the public to our profession. When it is sufficiently educated, its good, common sense will appreciate our science at its proper value. It will not then distress us by following vulgar quackeries, which will disappear one after the other, like dead twigs falling from a tree and wafted into space. All of the public are not wise, "Cent imbeciles, ne font Pas un sage," says Voltaire. A hundred imbeciles do not make a wise man. The wise men, however, direct and educate the masses, and develop its good sense. To the good, common sense of the public we now commend you. I trust that it will give every one of you a hearty welcome. The public must have doctors. "Doctors are human; they become worn out in service, and the public must have new ones." There is room for all of you, in our great and growing country. You will be needed, as we send you away from us, as apostles to the North, South, East, and West. Control your hearts with patience, using your time wisely and well. Your time must come, and as it has been said, "There is always room at the top." We welcome talent and genius most cordially into our ranks. But even "a man of moderate ability may be a good physician, and perhaps a safer practitioner than one, we will say, who has five per cent. more brains than his average neighbor, but thinks it is fifty per cent."* Each one of you can add something to our science or practice.

The more you apply yourselves, the more will you appreciate knowledge. Bacon says of philosophy, "When superficially studied it excites doubt, when thoroughly explored it dispels it." So is it with the philosophical study of medicine.

It may be interesting to this audience, and it is appropriate to this occasion, to quote what was said to the young men of many centuries gone by. Good old Prince Phtah-hotep,† son of a king of the fifth dynasty, the next after the pyramid dynasty, wrote a moral treatise of advice to the young people of four thousand years ago. This book, now preserved in Paris, is believed to be the oldest in the world.

He said, forty centuries ago, "The obedient son shall grow old and obtain favor. Thus have I myself become an old man on earth, and have lived one hundred and ten years in favor with the King and approved by my seniors." "If thou art become great, after thou hast been humble, and if thou hast amassed riches after poverty, being because of that the first in thy town. If thou art known for thy wealth, and art become a great lord, let not thy heart become proud, because of thy riches, for it is God who is the author of them. Despise not another, who is as thou wast; be towards him as toward an equal."

Also, "Let thy face be cheerful as long as thou livest; has any one come out of the coffin after having entered it?"

The most celebrated Egyptian book, named the "Book of the Manifestation of Light," or the "Book of the Dead," makes the soul defend itself before Osiris.*

The soul, having wandered to and fro, finally joins its preserved, mummified body, and, standing before Osiris, was judged favorably when it could say in its defense:—

"I have not been idle; I have not been intoxicated; I have not told secrets; I have not told falsehoods; I have not defrauded; I have not slandered; I have not caused tears; I have given food to the hungry, drink to the thirsty, and clothes to the naked."

The rejected soul went back to the earth in the form of the pig, or some unclean animal.

The public looks with some hesitation upon the young doctor. Not, however, with as much as in former years. It knows now that some of the greatest work done in the world has been accomplished by young men. It reads of the great achievements of Alexander, Hannibal, and Bonaparte, while they were still young men. Descartes at twenty-one distinguished himself in mathematics; Vesalius was twenty-four years old when he developed his

* Professor Oliver Wendell Holmes.

† Barnes's General History.

* The most widely worshipped triads of Egypt were Osiris, Isis, and Horus. The god Osiris went about the earth doing good, until he was persecuted and slain by Set, or Typhon, his brother, whose emblem was the pig, the ass, and the hippopotamus. Osiris' wife, Isis, by her prayers assisted in his resurrection, and finally Horus, his son, avenged his wrongs by destroying Typhon. The soul having wandered to and fro from its mummified body during the day-time at will, and at others migrating through the body of the hawk, the heron, the serpent, the crocodile, the crane, and the lotus flower, all symbols of deity finally joined its mummified body and stood before Osiris.

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wonderful anatomical work; Bichat died in his thirty-first year; Newton at twenty-three first thought of the principle of gravitation, as he saw an apple fall from a tree. The public now recognize, that young men can be admirably prepared for the practice of our profession, in the great centres of medical science. It is a good thing for a young physician to associate himself as an assistant, with an experienced practitioner of medicine or surgery. He will not only thus gain experience more rapidly, but the public will become sooner acquainted with him and his merits. This waiting time, although vexatious to the ambitious young doctor, is time really of great value to him. Then can he lay the foundation of his future success and distinction. Then should he by studying up his cases thoroughly, perfect the knowledge gained as an undergraduate. Master French and German, the knowledge of which will open up great stores of scientific and literary knowledge, and assist him notably some day in his relations with the public. The poor must be attended to. Their lives are as valuable to them as to the rich. The father and mother may be even more important, for the protection and education of the children, as they are their only protectors. It is to the honor of our profession, that it goes to the service of the poor, as freely as to that of the rich and the high-born. It is your privilege, that of the young physician, to have them for your first patrons. In difficult cases, you can always have the aid of the oldest and most distinguished practitioner. The poor first make your reputation. It is a curious fact, that, as a rule, there is no successful practitioner who has not first made his reputation with the poor. No matter how old a man may be, or how great his reputation for scientific lore, he can not at once step into a large and remunerative practice. He may have consultations, but for active and constant occupation in practice, he must commence at the bottom. He must slowly acquire the confidence of the community in which he lives. "Nihil per saltum." He must go step by step. During this time of waiting and preparation, you are arranging the future of your lives.

When the proper time arrives, you can choose among the fair daughters of America a good helpmate. Do so judiciously, and it will be for your permanent happiness. It will also aid you in your success. There is a pretty story* told of Flaxman, the great artist. When he married, and in his honeymoon, Sir Joshua Reynolds, the President of the Royal Academy, said to him, "You are ruined for an artist." Sir Joshua was a bachelor, and probably a crusty one. When Flaxman told this to his wife, she answered, "A great artist you shall be, and visit Rome too, if that is really necessary to make you great." "But how?" asked Flaxman. "Work and economize," replied the brave wife; "I will never have it said that Ann Denham ruined John Flaxman for an artist." Flaxman did go to Rome, and became a great artist.

The public have more confidence in a married man. It feels that he has given bonds to society for his life's conduct. A perfect American woman is, I believe, the finest type of womanhood in the world. May each of you be blessed with a good American wife, a good helpmate. May her graceful figure and loving sympathy, brighten your happy home. May her sweet face, beaming with love and gentleness, welcome you cheerily to your fireside, and beam more brightly for your coming. May your home—that word so full of tender meaning, home—even if it be simple, be decorated by your loved one's taste. May it be made a brilliant, a happy and a sweet home, by the gracious amiability and the unselfish devotion of your wife, who is then your crown and greatest ornament.

Gentlemen, you have to-day passed through a momentous epoch of your lives. To-day is the commencement of a new career. In looking back happy are you, as you can face the retrospect with satisfaction, for now you can go on cheerfully to the unknown future. Man's life is a pilgrimage, a journey between the gates of life and death. All that we know positively, is the present, all the rest is faith, founded on revelation, which speaks of that something after death; that bourne from which no traveler returns. So we must act in the living present, and as nobly as we can. In this journey every day, as we march onward to the final halt, brings its responsibilities and its duties, its troubles and its pleasures. I hold we should endeavor to do a man's part, with what aid from above and around that is vouchsafed us; act as bravely and as well as we can. This, I think, is the wise theory and

*Smiles's Self Help.

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practice. The unknown beyond, is unknown, so as not to tempt the suicidal hand. We are placed here, each one to fill a niche, larger or smaller.

Coming by a command independent of our own will, and without our wishes apparently being consulted. Each one should do the work, little or great, that is ordained to him, in aiding the world's progress and the happiness of his fellow men. You must be generous in victory, and magnanimous in defeat. Life is a battle. Your energies, sharpened by the struggle, are thus stimulated to still greater exertions; each of us doing his best, though that may be individually small; yet in the aggregate, by all combined endeavors, the world moves on; civilization advances; society makes a still greater development. Contrast the ancient times with ours; how now the earth is peopled, covered with the nations, and their great cities; how time and space almost seem as if they might be mastered by the means of steam and electricity. What great discoveries may next come, we may not yet know; but each of us filling well our sphere, is working towards and contributing of his strength to their development. The doctrine of the correlation of forces is being established; the evolution theory is being investigated; chemistry and physiology are being perfected; mechanical inventions are accumulating. We are sailing the air with balloons of greater capacity and power, and by astronomy are learning more and more in regard to the planets mapped out in the ether, around and beyond the sun.

In the old world are wars and rumors of wars; the excitement and unsettled condition of the lower classes; the seething and fuming of the socialists and anarchists, and vile assassinations by dynamiters and nihilists. Here, over our own beloved country, peace still spreads her pure pinions. Well may we be proud that we are Americans. From the early heroic days of our Continental forefathers; through the wonderful development of our country, even when governed by an aggressive slave power; in the second heroic period, when that power was overthrown by a mighty struggle; in which the bravery and endurance, and the ultimate magnanimity of North and South have developed their mutual respect. And now, without the clang of arms or hostile shouts, a new revolution has quietly taken place. This last peaceful revolution of the fourth of March. It must be a wonder to the whole civilized world—the old majority yielding quietly to the new majority. A great party, dominant for about twenty-four years, and glorious with a record of wondrous deeds, yields to its rival, and accepts peacefully the decision of the ballot-box. As patriots, we look earnestly for the good promised by this party revolution. A change of household goods and service, is sometimes for the better. May it prove to the advantage of our country! May confidence be assured, and the arts and works of peace flourish throughout the land, to all its borders! May we become more united and harmonious at home, more respected and feared abroad!

As man looks at himself and his works, he feels grand and important, and in ancient days, it is said, was so foolish as to try to build that tower of Babel, on which he wished to scale the skies. We must not now, in the conceit of our advancing knowledge, try to build an intellectual tower of Babel. We can no more now, than then, scale the skies or unveil the mysteries of the future. Eight years ago, during the Paris International Exhibition, I ascended several hundred feet in the air, in the captive balloon. It was fastened by a wire cable, in the Place de Tuileries. As the walls of the ruined palace seemed to sink below me, the hills and fertile plains surrounding Paris, expanded themselves before my eyes. When I looked down, the multitude in the Rue de Rivoli and in the garden of the Tuileries looked like little, tiny black flies fastened to the pavement, and without any perspective. How small a mite is man, compared to the earth on which he lives and dies. The earth, a planet twenty-four thousand miles in circumference, that makes day and night by turning on its axis; moving around the sun, wheel-like, at the rate of sixty-seven thousand miles an hour. Yet we do not fly off at a tangent, and can hardly comprehend the fact, and with still more difficulty, that we are distant in the earth's aphelion ninety-three millions of miles.* With the same difficulty, that large as the earth is, there are Neptune and Uranus, ringed Saturn and four-mooned Jupiter, larger than it; Jupiter, the largest, being twelve hundred times as large as the earth. Besides, what myriads of little worlds, spangle the deep azure

* Appleton's Encyclopedia.

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of the sky at night, making the ethereal vault beautiful with their twinkling light!

How small a mite is man compared with the solar system! How wonderfully great must be that Almighty power, which sends whirling through space great worlds, each in its own orbit, one not interfering with the other, and fulfilling the purpose intended in its creation! How impressed should we all be with the fact, that we are weak creatures, and dependent upon a higher power; that we have our own little life to live, our own duty to perform; that we will live that life to the best of our ability, and do that duty to the utmost!

On this auspicious day of your "Commencement," with all the past behind you, and your future, with all its bright promise just in view, you can join with Tennyson in his joyous song to the past year—

> Ring out wild bells, to the wild sky,
> The flying cloud, the frosty light,
> The year is dying in the night;
> Ring out old shapes of foul disease,
> Ring out the narrowing lust of gold,
> Ring out the thousand wars of old,
> Ring in the thousand years of peace.

And now, gentlemen, on behalf of my colleagues and myself, I will say farewell; that lingering word, so full of tenderness. Yet when kindly said, in earnest, friendly tones, so full of pleasant retrospect, to bind those parting with memory's mystic chain. Though years may spread their mantle over us, and age may dim our senses; though lands may separate us, or oceans sweep between; yet in recalling the farewell said, lands and oceans disappear, and time lifts its sombre curtain; again the moment of parting returns—the scene itself—the many pleasing recollections of the past association, that ended in and made it worthy of the farewell.

May it fare well with you, gentlemen; may each of you return to a happy

> "Home, the resort
> Of love, of joy, and plenty, where
> Supporting and supported, polished friends
> And dear relations mingle into bliss."

May you, who now leave your *Alma Mater*, with her blessing on your students' life, to begin a new career, may all success attend you. May the honorable commencement of a most honorable career lead but to new honors, strewn thickly around your path in life. May all eyes beam kindly on you. May your noble thoughts and gentle deeds, crown you anew with the laurel. When the last dread summons comes, may men say to each other a light has gone out from our midst, and may your world feel the darkness. Reverently, I say, may God's blessing be upon you; may every happiness cheer you on your way, as you go forth on your beneficent mission to assuage the sufferings, close the wounds, and heal the infirmities of the weak, the afflicted, and the injured!

## *GRADUATES OF THE JEFFERSON MEDICAL COLLEGE.*

THE Degree of Doctor of Medicine was conferred on the following gentlemen, by E. B. Gardette, M.D., President of the Institution:

| | |
|---|---|
| Ahle, Samuel V. | Pennsylvania. |
| Alexander, William H. | Pennsylvania. |
| Ames, James S. | Massachusetts. |
| Bair, Philip W. O. | Illinois. |
| Baldinger, William H. | Texas. |
| Barr, John Chalmers | Pennsylvania. |
| Beatty, Franklin T. | Massachusetts. |
| Beatty, Henry M. | New Jersey. |
| Black, William M. | Pennsylvania. |
| Bleiler, Charles Alfred | Pennsylvania. |
| Boardman, Walter | Pennsylvania. |
| Bogle, William H. | Kansas. |
| Bolton, Mayland | North Carolina. |
| Bower, Charles H. | Pennsylvania. |
| Bower, Collier Levis | Pennsylvania. |
| Bower, T. Charles | Pennsylvania. |
| Brandau, John | Tennessee. |
| Brinkey, Casper C. | Pennsylvania. |
| Brown, George S. | Missouri. |
| Burd, Louis | Pennsylvania. |
| Burns, Silas | Pennsylvania. |
| Bush, Charles B. | Pennsylvania. |
| Cantrell, John Abbott | Pennsylvania. |
| Capp, William M. | Pennsylvania. |
| Chapin, Samuel L. | Illinois. |
| Collins, William W. | New York. |
| Cooper, James Rudolph | Pennsylvania. |
| Cooper, William R. | Pennsylvania. |
| Cornish, Percy G. | Alabama. |
| Cox, William C. | Washington Ty. |
| Coyle Robert | Pennsylvania. |
| Cronin, Joseph J. | Massachusetts. |
| Cunningham, Hugh C. | Texas. |
| Da Costa, John Chalmers | Pennsylvania. |
| Dahlstroem, Max | Germany. |
| Davis, Theodore G. | New Jersey. |
| Day, Frank B. | Indiana. |
| Donaldson, Robert M | Pennsylvania. |
| Dougherty, John A | Pennsylvania. |
| Downes, Andrew J. | Massachusetts. |
| Dunning, James H. | Indiana. |
| Earley, Charles R. | Pennsylvania. |
| Earley, Francis G | Pennsylvania. |
| Endlich, William F. | Pennsylvania. |
| Enterline, John H. | Pennsylvania. |
| Everett, Milton H. | Illinois. |
| Fair, John F. | Illinois. |
| Fairchild, Courtland de N. | Massachusetts. |
| Ferguson, Robert Vaughan | Kentucky. |
| Ferris, Elgar S. | Indiana. |
| Fitch, Dorsey P. | West Virginia. |
| Flagg, Payson J. | Massachusetts. |
| Fruh, Carl D. S. | Pennsylvania. |
| Fuller, Harry C. | Pennsylvania. |

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| | |
|---|---|
| Garey, Jacob H. | Pennsylvania. |
| Getchell, Albert C. | Maine. |
| German, Howard W. | Pennsylvania. |
| Gilbert, Elon B. | Illinois |
| Gillespie, James S. | Pennsylvania. |
| Grander, Frederick L. | Pennsylvania. |
| Green, Dennis S. | Minnesota. |
| Green, Sylvanus H. | Pennsylvania. |
| Greenwald, Daniel F. | Pennsylvania. |
| Griffith, Martin Edmund. | Pennsylvania. |
| Hackney, Jacob S. | Pennsylvania. |
| Harding, Henry | Pennsylvania. |
| Harter, John C. | Iowa. |
| Hartman, George F. | Pennsylvania. |
| Heffner, Oliver C. | Pennsylvania. |
| Henry, George W. | New Jersey. |
| Henry, John | Pennsylvania. |
| Hetrich, George | Pennsylvania. |
| Hill, Jacob F. | Pennsylvania. |
| Holt, Camillus L. | Texas. |
| Hudson, Leonard A | Delaware, |
| Huffman, Lucius D. | Kentucky. |
| Humphries, S. Osceola | Alabama. |
| Hurd, Frank H. | Ohio. |
| Hustead, Ashbel F. | West Virginia. |
| Huyett, Herman J. | Illinois. |
| Ingram, Theodore E. | Pennsylvania. |
| Ireland, Andrew B. | Pennsylvania. |
| Jordan, David B. | North Carolina. |
| Judson, Andrew Rice | New Jersey. |
| Kauffman, Walter L. | Pennsylvania. |
| Kent, Alfred A. | North Carolina. |
| Kirkland, John A. | Illinois. |
| Kugler, George W., Jr. | New Jersey. |
| La Fon, Thomas F. | Missouri. |
| Lake, David H. | Pennsylvania. |
| Lamb, Albert Victor | Pennsylvania. |
| Lang, Robert H. | Kentucky. |
| La Rue, Franklin | Ohio. |
| Lecrone, Harris R. | Pennsylvania. |
| Leidy, Edwin D | ennsylvania. |
| McCahey, Peter | Pennsylvania. |
| McCandliss, Henry M. | Pennsylvania. |
| McDonald, John M. | Ohio. |
| McDougall, Charles S. | Ohio. |
| McElwee, Henry W. | Virginia. |
| McGlenn, J. Averill | Ohio. |
| McIlhaney, William H. | Pennsylvania. |
| McLaughlin, Robert J. | Illinois. |
| Marsh, George D. | Pennsylvania. |
| Martin, Ambrose H | Canada. |
| Martin, George | Pennsylvania. |
| Martin, Howard B. | New Jersey. |
| Maxwell, William E. | Alabama. |
| Mears, Daniel W. | Pennsylvania. |
| Miller, Henry B. | Ohio. |
| Miller, James, Calvin | Pennsylvania. |
| Millikin, Thomas N. | Pennsylvania. |
| Mong, Elmer E. | Pennsylvania. |
| Morton, Thomas J. | Pennsylvania. |
| Moyer, John L. S. | Pennsylvania. |
| Murray, Thomas Walker | Pennsylvania. |
| Mykrantz, Howard B. | Ohio. |
| Nance, George B. | North Carolina. |
| Oliver, John Edward | Missouri. |
| Orr, Joseph D | Pennsylvania. |
| Phillips, Lewis Oliver | Pennsylvania. |
| Porter, John | Pennsylvania. |
| Pyle, Jerome L. | Pennsylvania. |
| Reading, George Evans | New Jersey. |
| Reed, Anderson F | Missouri. |
| Reinhard, Wilson J | Pennsylvania. |
| Rhoads, J. Neely | Delaware. |
| Rich, Guy C. | New York. |
| Richardson, Davis H | Maryland. |
| Richardson, James | Delaware. |
| Ritter, William Elmer | Pennsylvania. |
| Riveley, Martin Pierce | Pennsylvania. |
| Rogers, Elmer H | Pennsylvania. |
| Ross, James Thweatt | Georgia. |
| Rugh, Carroll B. | Pennsylvania. |
| Sawin, Robert V. | Massachusetts. |
| Scholl, Alfred K. | Pennsylvania. |
| Sheets, Everett W. | Pennsylvania. |
| Sheppey, John V. | Delaware. |
| Shimavonian, Samuel | Armenia. |
| Shollenberger, Charles F. | Pennsylvania. |
| Shull, William Milton | Pennsylvania. |
| Simms, Benjamin B. | Alabama. |
| Simons, Arthur J. | Pennsylvania. |
| Smith, H. Winchel | New Jersey. |
| Snoy, John Milton | New Jersey. |
| Stern, Max J. | Pennsylvania. |
| Stewart, John C. | Scotland. |
| Stewart, Joseph J | Pennsylvania. |
| Stoner, Harry | Pennsylvania. |
| Stoner, James Buchanan. | Pennsylvania. |
| Stroud Frank G. | New Jersey. |
| Stroup, J. Calvin | Pennsylvania. |
| Swygert, Sanders L. | South Carolina. |
| Taylor, Joseph M. | Pennsylvania. |
| Throckmorton, Charles M. | Iowa. |
| Torkington, Joseph | England. |
| Trumbauer, Albert H. | Pennsylvania. |
| Tunison, Geoffrey Orlando | New Jersey. |
| Vander Horck, Max P. | Minnesota. |
| Walker, Benjamin Franklin | Pennsylvania. |
| Walker, Dale L. | Ohio. |
| Walker, Richard P. | Missouri. |
| Walton, Levi S. | Pennsylvania. |
| Warder, Charles B. | Pennsylvania. |
| Waterman, Francis C. | Pennsylvania. |
| Way, Julius | New Jersey. |
| Weaver, John D. | Pennsylvania. |
| Wheeler, Walter Sewell | Missouri. |
| Williams, Evan | Pennsylvania. |
| Williams, J. Franklin | Pennsylvania. |
| Wilson, James H. | Pennsylvania. |
| Wright, Robert Lee | Tennessee. |
| Wright, Thomas Briggs, Jr. | Kentucky. |
| Yokum, Humboldt. | West Virginia. |
| Zauner, Robert H. | Pennsylvania. |

## The following prizes were awarded:—

1. Faculty Prize of $200, for the highest attainments in all departments, to Peter McCahey, of Pennsylvania.
2. A prize of $100, by Lea Brothers & Co., for the best Thesis, to Andrew J. Downes, of Massachusetts; with honorable mention of the Thesis of Samuel V. Able, of Pennsylvania.
3. A prize of a Gold Medal, by R. J. Levis, M.D., for the best Report of his Surgical Clinics at the Pennsylvania Hospital, to Max J. Stern, of Pennsylvania; with honorable mention of the Report of Frank B. Day, of Indiana.
4. A prize of a Gold Medal, by Thomas G. Morton, M.D., for the best Report of his Surgical Clinics at the Pennsylvania Hospital, to Joseph D. Orr, of Pennsylvania; with honorable mention of the Reports of Leonard A. Hudson, of Delaware, and John Edward Oliver, of Missouri.
5. A Gold Medal, for the best Essay on a subject pertaining to the Practice of Medicine, to Max P. Vander Horck, of Minnesota; with honorable mention of the Thesis of T. Briggs Wright, of Kentucky, and G. Orlando Tunison, of New Jersey.
6. A Gold Medal, for the best Anatomical preparation, to Samuel Shimavonian, of Armenia.
7. A Gold Medal, for the best original research in the Chemical Laboratory, to Andrew B. Ireland, of Pennsylvania.
8. A Case of Instruments, for the best original research in the Materia Medica Laboratory, to Henry M. Beatty, of New Jersey, with honorable mention of the Thesis of John A. Dougherty, of Pennsylvania, and William H. Baldinger, of Texas.
9. A Case of Instruments, for the best Essay on a subject pertaining to Physiology, to Theodore G. Davis, of New Jersey; with honorable mention of the Essay of George S. Brown, of Missouri.
10. A Case of Instruments, for the best Essay on a subject pertaining to Surgery, to Albert C. Getchell, of Maine.
11. A Case of Instruments, for the best Essay on a subject pertaining to Obstetrics, etc., to Charles F. Shollenberger, of Pennsylvania.
12. A Case of Instruments, for the best Essay on a Pathological Subject, to Martin P. Rively, of Pennsylvania; with honorable mention of the Essay of Robert Coyle, of Pennsylvania.

The address before the Alumni Association was delivered by Dr. J. G. Holland, of Louisville, Ky., on the evening of April 1st, after which the orator was entertained at dinner by the officers and members of the Association.

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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## CLINICAL LECTURES.

### *SYPHILITIC OSTEITIS OF THE TIBIA.*

ABSCESS OF THE THIGH AND ARTHRITIS OF THE KNEE. HYDROCELE. HYDROCELE SIMULATING SARCOCELE.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY JOHN ASHHURST, JR., M.D.

Professor of Clinical Surgery in the University of Pennsylvania.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

I SHALL to-day show you an interesting case of bone disease. This little girl, without any very definite history, presents a painful enlargement of the tibia. The swelling is circumscribed and very painful. It is what is spoken of as a node. This is a general term, common to all periosteal swellings of a circumscribed character, the word node signifying a knot. The outline of the right tibia is altered; there is marked bulging and also lateral thickening. The part is hard. There is no fluctuation. There is, of course, periostitis, but, more than this, there is inflammation of the bone itself, which may or may not have gone on to the production of pus. In some cases there is a circumscribed abscess of the bone, a condition which is often spoken of as "Brodie's abscess," having been described by Sir Benjamin Brodie, who discovered it in a limb after amputation. The condition had, however, been well described before Brodie's time. A good account of it will be found in the Memoirs of the French Royal Academy of Surgery, and clear directions for its treatment given.

In cases of this kind we may find a circumscribed collection of pus, or a simple inflammation of the bone which has not gone on to suppuration, or there may be found necrosis.

I think that we may find in the present case simple inflammation of the bone, which may be either softened or hardened. The entire medullary cavity may be converted into dense bone, giving the condition termed sclerosis of bone, or, on the other hand, the compact substance may be much softened, resembling the medullary substance.

The treatment of a case of bone disease of this kind with intense pain, is to make an incision through the soft parts, and if nothing is found to account for the pain to make an opening into the bone with Hey's saw or a small trephine. If a sequestrum is found it may be removed. If there is pus, the front wall of the abscess must be cut away so that it may heal from below. If there is sclerosis, it may be sufficient to make an opening into the bone and pass a drill in various directions through the hardened mass.

We have a patient in the hospital at the present time who was treated in this way. The disease affected the ulna, and was the result of syphilis. The bone was opened, and the whole medullary canal was found in a condition of sclerosis. After removing the anterior wall of the ulna and making a large cavity, a drill was passed in different directions through the bone, in order to relieve the tension. Since the operation there has been no pain.

In all these operations on bones we use the Esmarch apparatus, which prevents the loss of blood, and, as the blood is kept from the wound, the view is not obscured. The wound

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may be dressed before the bandage is removed, and thus all hemorrhage be prevented.

I believe that in the present case the disease has its origin in hereditary syphilis. There is flattening of the nose, and there are little cicatrices about the angles of the mouth. I think that this condition is quite as significant as any other symptom of hereditary syphilis—certainly as much as the notched teeth, which are often found, although they are absent in this case.

In the left ulna there is a similar deformity to that in the tibia, but this gives no trouble. It has probably been painful at one time, but now the disease has run its course. The tibia is one of the most satisfactory bones to operate on, as it is very superficial and can be readily exposed. On the other hand, the femur and the humerus are unsatisfactory to operate on, as they are situated deeply in the midst of muscles, and it is impossible to make a full exposure of them without dividing the muscles transversely.

I shall now make an incision through the soft parts down to the bone, over the enlarged portion. I scrape back the periosteum, saving it as much as possible. This should be done in all operations on the bones. By so doing the attachment of muscles is not interfered with, there is a better chance of the reproduction of bone, and there is less hemorrhage. Having removed the periosteum, I shall next, with a small trephine, remove a disk of bone, and then decide what further may be required. Having removed quite a thick disk of bone, I find that it will be necessary to resort to the gouge and mallet. With these I remove a considerable portion of bone. The medullary cavity has disappeared, being filled with hard bone. I now reach yellow bone, the color of which is due partly to fatty degeneration and partly to the presence of pus. I shall smooth the sides of this cavity which I have formed, and pass the drill in different directions through the bone, in order to make sure that the tension is completely relieved. Having done this, the wound is thoroughly washed and packed with oiled lint. The dressing will be allowed to remain until it becomes loosened. After a time we shall dress the wound with resin cerate, and, at a still later period, with oxide of zinc ointment. The wound will heal with a depressed cicatrix. I feel as sure as it is possible to be that the patient will be relieved of her pain.

After the acute condition resulting from the operation passes off, she should be put on iodide of potassium, which is useful in all fibrous inflammations. If, as we suspect in the present case, the disease be due to a syphilitic taint, there is a liability that some other bone may become affected. Even where there is no suspicion of syphilis, iodide of potassium is useful in inflammations of the periosteum, and of the fibrous tissues generally.

The wound having now been dressed with the packing of oiled lint, held in position with a compress and bandage, the Esmarch tube is removed, and in order to prevent the blood entering the limb with too much force, I keep it elevated for a few minutes.

*Abscess of the Thigh, with Arthritis of the Knee.*—This boy was admitted to the hospital one week ago, suffering from an abscess, ready to open, in the popliteal space. An incision was made, and a large amount of pus was discharged. The evacuation of the abscess has not afforded the relief which we had hoped to give. Two days ago I again examined the patient very carefully, and found what I thought were evidences of pus in the muscular tissues of the thigh. There is also destructive inflammation of the knee-joint, and I have no doubt that eventually excision of the knee will be required. We do not like to perform excision in a case of acute disease, or when the patient has fever, and is in a state of constitutional irritation, and I should therefore prefer waiting until the symptoms have ameliorated.

If, to-day, I still find evidences of pus beneath the muscles of the thigh, I propose to evacuate the abscess. This I shall do in the following method: First, make an incision through the skin and superficial fascia, and then pass a director into the supposed abscess. Having found pus, a dressing forceps will be slipped along the director, and when the abscess cavity has been reached its blades will be separated and the forceps gradually withdrawn with a rotary motion. This, which is known as Hilton's plan, is the best and safest method of opening deep abscesses, or those in the neighborhood of important structures.

Turning now to the examination of the limb, you will notice the general swelling of the knee which is characteristic of arthritis. You also see the discharge from the abscess in the popliteal space, which has been opened. There is also a distinct swelling of the thigh, which is very

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painful and hot. There is also redness, which, however, is not as marked as two days ago, for the part has been constantly poulticed since then. There are therefore redness, intense pain, swelling, and increased temperature, the four cardinal signs of inflammation. There is fluctuation when I press the part from side to side. This is deceptive, for I find the same fluctuation on pressing the parts in a longitudinal direction. Superficial œdema is also present, and this is another evidence of suppuration. The symptoms are therefore so significant of abscess, that I feel warranted in making an exploration. Of course, I do not think that evacuating the pus in this situation will have any effect on the disease of the knee-joint, but I think that it will afford enough relief from the pain and constitutional irritation to enable us in the course of a few weeks to operate on the knee-joint with more prospect of success than we could at present. The abscess may be simply beneath the muscles or it may be beneath the periosteum. The cause of the abscess is in all probability transmitted irritation from the knee.

I make an incision at the junction of the lower and middle third of the thigh, in such a direction as to avoid the femoral artery. I next carefully work the director through the tissues and at once pus is seen to well up. The probe touches the bone. I pass in the dressing-forceps with the blades closed, open them in the wound, and gradually withdraw them. This lacerates the opening into the abscess and lessens the likelihood of immediate union. It is a good rule when it is desired to make pressure in the evacuation of an abscess, to make what pressure is considered desirable through interposed sponges, and not directly with the fingers. This produces less pain and lessens the risk of injury. Passing the director again, I find that the abscess extends across the front of the thigh and that the point of the probe can be felt a short distance beneath the skin on the outer side. I shall therefore make a counter-opening at that point, and pass a drainage tube across the cavity. The tube is secured by tying the two ends together. This tube should be allowed to remain until the wound becomes covered with granulations; a week or ten days is usually long enough. It is not often desirable to allow it to remain a longer time.

I take advantage of the patient's being etherized to straighten the limb. I perceive no grating, and no effusion in the joint. There is, however, relaxation of the ligaments, and no doubt destruction of the cartilages.

One word about the significance of superficial œdema. It is sometimes a valuable point in distinguishing between a deep-seated abscess and some forms of malignant growth. The presence of this œdema affords a strong reason for thinking that the tumor is due to a collection of pus. [Temporary relief was given by opening the abscess in this case, but the joint-disease advanced very rapidly, and a week afterwards the knee was excised, the patient making a quick recovery.]

*Hydrocele.*—This patient presents the affection known as hydrocele, that is, a collection of fluid in the tunica vaginalis testis, giving rise to a tumor of pyriform shape with its long axis corresponding to that of the body. In this, it differs from a sarcocele, which usually has its longer diameter in a transverse direction. A collection of blood in the tunica vaginalis would also present this pyriform shape, and under such circumstances other points would have to be relied upon in making the diagnosis, the most certain test being that with transmitted light. In the diagnosis of hydrocele from sarcocele, we have, besides the difference in shape, a difference in specific gravity. A hydrocele is light in proportion to its size, while a solid tumor gives a sense of greater weight when supported with the hand. The test with transmitted light, when it can be applied, is the most satisfactory. It has been tried in this instance and the tumor found to be translucent. It is performed by taking the patient into a dark room and holding a candle on one side of the scrotum while the observer looks from the opposite side, shading off the lateral rays with the hand. If the contents of the scrotum be serous the sac will be translucent. In some cases of hydrocele this test does not apply. The fluid may be dark-colored, or there may be an admixture of blood with it, as sometimes happens in acute hydrocele. In the colored race, the darkness of the skin prevents the light from being transmitted, and rendering this test inapplicable. Again, there may be such thickening of the tunica vaginalis that although its contents be clear, no light will be transmitted. I remember a case occurring many years ago in one of the hospitals of this city, where on account of the failure

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of the test with transmitted light and the great heaviness of the tumor, the surgeon diagnosed sarcocele, and proceeded to remove the testicle. An incision was made and a large quantity of fluid escaped. A further examination showed that the tunica vaginalis was greatly thickened and lined with calcareous plates. It can therefore be seen that from the absence of the characteristic signs, the absence of hydrocele cannot be positively asserted. On the other hand there may be transmission of light in some cases of sarcocele. In cystic sarcocele, where there are usually numerous small cysts, there may be one or two large ones, and if the contents of these be clear, a certain amount of light will be transmitted. In order to reach a correct diagnosis, therefore, all the evidence must be carefully weighed.

There is one other point in the diagnosis, more particularly between hernia and hydrocele, and it is also applicable to sarcocele where the cord is not involved. The point to which I refer is that in hydrocele, if the tumor be grasped, it can readily be determined that the part above is not involved and that no portion of the tumor goes into the ring. If the ring be felt for, it will be found to be clear. There may, however, be in some cases hydrocele of the cord associated with hydrocele of the tunica vaginalis. Another point in the same direction is that the history of hydrocele and hernia is different. It will be found that hydrocele begins at the bottom and extends upwards, while the hernia begins at the top and passes downward. Examination of the abdominal ring is, however, more satisfactory than depending on the history.

In regard to treatment, we recognize two modes, one palliative, the other curative or radical. The palliative treatment consists simply in the removal of the fluid with a trocar and canula. The radical treatment consists in adopting some measure to prevent the reaccumulation of the fluid. The plan which I have usually practised, and found satisfactory, is, after evacuating the hydrocele, to inject from two to four drachms of pure tincture of iodine, according to the size of the hydrocele, and allow it to remain. This was first suggested by an East India surgeon, Sir Ronald Martin, and, on the whole, is perhaps the most satisfactory mode of treatment yet recommended. This method of using pure tincture of iodine was particularly insisted on by the late Prof. Syme, who asserted that a cure was thus invariably effected. I cannot bear out this statement, for I have once or twice known the injection to fail, and a repetition of the operation to be required. Many other substances have been used by injection, one of the most recent being carbolic acid. Among other methods of treatment which have been employed is incision of the scrotum and packing the tunic with lint, the introduction of a seton, and the excision of a portion or the whole of the tunica vaginalis. These are all more severe and I think on the whole not so successful as the injection of iodine.

For the present this patient wishes only to have the fluid removed. The only precautions to be observed in tapping a hydrocele are to avoid certain large veins, which can readily be seen, and to be careful not to wound the testicle. Even if the testicle be wounded no particular harm will be done, and indeed irritation of the tunic covering the testicle is one of the methods which have been recommended for the radical cure of this affection. The sac is to be made tense and the trocar introduced perpendicularly to the plane of the scrotum, and as soon as the fluid is reached the point is to be directed upwards.

When the fluid which escapes is of a milky hue, the patient should be warned against exercise. The milky color shows that the affection is a variety of encysted hydrocele, really a spermatocele, a cyst connected with the testicle and the fluid containing spermatozoids. A cyst of this kind is more likely to take on inflammatory action than the sac of an ordinary hydrocele. Some years ago I tapped a large tumor of this kind and instructed the patient to keep quiet. He did so for a couple of days, and then went to market, carrying a heavy basket. As a result of this exertion he had a violent attack of inflammation of the testicle, keeping him in the house for a number of weeks.

*Hydrocele with Inflammatory Thickening of the Testicle, Simulating Sarcocele.* (*Hydro-Sarcocele.*)—The next patient presents many of the symptoms of sarcocele. He has a scrotal tumor which has lasted for eighteen months. It presents some of the evidences of a solid tumor, but the tunica vaginalis evidently contains fluid also, rendering it difficult to decide in regard to the exact condition of the testicle. You see that the shape of this tumor

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is not pyriform as in the preceding case, but that it has its long diameter in a transverse direction.

I shall, in the first place, tap the tumor and remove the fluid, and then if disease of the testicle be found, excision of the organ will be performed. In this operation I prefer, after the testicle is separated, to surround the cord with an écraseur and divide it with that instrument. The cord may be tied in two parts and cut between the ligatures; if it be simply cut across, the bleeding is profuse, and it is often difficult to secure the vessels. There is, I think, less shock when the écraseur is used. When the cord is divided, even if the patient be deeply etherized, the pulse rate often suddenly falls.

There seems to be no involvement of the cord in the present instance. I now introduce the trocar and canula, and at once a large quantity of fluid escapes. The testicle can now be readily examined, and it is found to be hard and heavy, but there is not sufficient evidence of disease to warrant so radical an operation as excision. I will introduce a seton, which can be removed in a few hours, if necessary, and will do nothing further to-day; but the case will be kept under observation, in order that its subsequent course may be observed. [The seton was removed in twenty-four hours, and the patient left the hospital in a week, apparently well.]

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## *DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.*

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

### LECTURE II.

### ELECTRO-DIAGNOSIS.

[Concluded from the May number.]

#### ELECTRICAL REACTIONS WHEN THE LESION IS IN THE SPINAL CORD OR ITS MEMBRANES.

WHEN the normal condition of the spinal nerves and the nutrition of the muscles innervated by them remain unimpaired, the electro-muscular contractility is unchanged, or slightly increased. In transverse lesions of the cord in the mid-dorsal region, the lumbar, from which the legs receive their nerve supply, being healthy, the reactions of the muscles of the lower extremities will show no qualitative or quantitative change, except it be a more ready response to both galvanic and faradic excitation. In spinal meningitis, when the cord is not seriously involved in the diseased process, the electrical condition is similar to that found in inflammation of a motor nerve. In the milder cases, and during the early stage of inflammation of the severer ones, before the anterior roots are encroached upon to a great extent, the irritability of nerve and muscle is increased to the application of both currents. If the function of the nerves be seriously compromised or destroyed, muscular contractility is lessened or abolished. When either the lateral or posterior columns of the cord are affected, as in spastic paraplegia and posterior sclerosis, the electrical excitability of the muscles is increased, and does not diminish until the nutrition of the muscles is impaired by disease of their trophic centres, or from muscular inactivity. In myelitis, the multipolar cells in the anterior cornua and the anterior nerve roots are usually affected, interfering with nutrition of nerve and muscle, giving rise to lessened electro-muscular contractility and reactions of degeneration. In the severer cases of myelitis, where life is prolonged, the destructive inflammation may be so great that the muscles will fail to respond to the strongest galvanic or faradic current. In 1859, under the head of acute, ascending paralysis, Landry described a condition attended by rapid and almost universal paralysis of all the voluntary muscles. The paralysis, beginning in the legs, mounts upward, involving the arms, and sometimes those muscles innervated by the medulla oblongata. *Post-mortem* changes so far discovered in this disease have been slight, but evidences of a diffuse myelitis of a mild form have been found by some. Erb, Westphal, Pelligrino, Levi, and Bernhardt state that no anomaly of electro-muscular excitability has been found even after the disease has existed for weeks. (Buzzard.) Dr. Buzzard met with a case, supposed to be due to syphilis, in which the electrical irritability of the muscles was greatly lessened. The almost normal condition of the muscles in this disease forms a striking exception to that usually found in diffuse inflammations of the cord. Whilst the lesion is diffused throughout the cord, no marked changes have been found at any one portion, which probably ac-

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counts for the preservation of electro-muscular contractility. Death takes place, as a rule, only when the vital centres in the floor of the fourth ventricle are involved. There is a group of myopathies in which degenerative lesions are found in the multipolar cells of the anterior cornua of the cord, spinal motor nerves, and their associated muscles. Anterior polio-myelitis (infantile paralysis), progressive muscular atrophy, bulbar paralysis, and possibly lead palsy and diphtheritic paralysis are examples. The paralysis in this group may be divided into three classes. In the first class, notably anterior polio-myelitis, the atrophic degenerative lesion begins in the multipolar ganglionic cells in the anterior cornua, and extends to the motor nerves connected with them. The associated muscles of the affected nerves are suddenly paralyzed, and, being separated from their trophic centres, they rapidly atrophy and undergo fatty degeneration. In the second class of the group, as in diphtheritic paralysis, the inflammation is supposed to first attack the nerves, and secondarily the cells in the anterior cornua. In the third, progressive muscular atrophy, for example, according to the theory of Friedreich, the inflammatory process begins in the muscles, extends to nerves, and through these reaches the multipolar motor cells of the cord. In whatever way the trouble begins the result is the same, viz., atrophic degeneration of the ganglionic motor cells, motor nerves, and their associated muscles. To the reactions found in this group of paralysis, when muscles and nerves are stimulated by the galvanic and faradic currents, I wish now to direct your attention. In these lesions we shall find it specially important to study the electrical irritability of nerve and muscle separately.

*Loss of Electrical Excitability of the Nerves.*—In a few days, two or three, after the appearance of the paralysis, a more or less rapid decline in the excitability of the nerves to electrical stimulation takes place. "This is," says Professor Bartholow, "a quantitative and not a qualitative change." The neural excitability continues to lessen, and by the end of the first or second week is lost, when the strongest galvanic or faradic current applied to the nerve fails to excite the slightest muscular contraction. F. Müller found the nerve excitability lost on the fourth day. (Buzzard.) Professor Bartholow states (Medical Electricity, p. 135), that "the first change that ensues is in the cathodal closing, which disappears, and cannot be induced by any ordinary strength of current; then the anodal closing contraction, and afterward the anodal opening contraction, cease, and finally cathodal closing contractions can be obtained only with the strongest current."

The reactions of degeneration exhibited by the muscles are of great importance, and most typical in this form of paralysis. In the disease we are now studying, viz., atrophic degeneration of the ganglion multipolar cells in the anterior cornua of the cord, a rapid decline in the electro-muscular excitability takes place, but to the faradic current only. F. Müller found, in a case of infantile paralysis, the muscular excitability lost to the faradic current on the fifth and sixth days. "The earliest opportunity which Duchenne had of examining into the electrical condition of the muscles in a case of this kind was the third day. In that instance the right arm was paralyzed. It was not until the fifth day that the electrical excitability of the deltoid was notably enfeebled. On the seventh day, however, it was completely abolished. His experience was, that if the muscles have retained after the seventh or eighth day some amount of contractility to the induced current, they always recover their motility, and the more rapidly the less the excitability has been enfeebled." (Buzzard.) From the fifth to the seventh day in anterior polio-myelitis, muscular excitability begins to decline to the faradic current, and may be totally lost by the end of the second week, and in exceptional cases by the end of the first, or perhaps sooner.

The loss of excitability is permanent in the incurable cases. Where recovery takes place it partially returns, but never reaches normal again when once entirely lost, no matter how perfect the voluntary power of the muscles may become. The character of the muscular reactions to the galvanic current is quite different from that obtained by the faradic. During the first week galvanic excitability declines. In the second it begins to increase and continues to do so for several weeks. After a few weeks the excitability to the galvanic current becomes so marked that a current scarcely sufficient to move healthy muscles will give rise to lively contractions of the affected ones. At the same time that the quantitative change in muscular irritability to the galvanic current is noticed, certain qualitative changes may also be ob-

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served. In health muscular contraction excited by the galvanic current of ordinary strength is rapid, and occurs only on closing and breaking the circuit. In this affection muscular contraction is slow and long maintained. The electro-muscular tonus continues during the entire time the current is passing. Qualitative changes are found in the normal formulæ of muscular reactions, giving rise to reactions of degeneration. Anodal closing contraction gradually increases, and may equal, or even surpass, the cathodal closing contraction. Cathodal opening contraction declines, making a complete revolution in the normal formulæ. (Erb and Bartholow.) Finally, quantitative lessening of muscular irritability, even to the galvanic current, takes place, whilst the qualitative changes, or reactions of degeneration, persist. According to Bartholow, very feeble anodal closing contraction is the last evidence of muscular vitality. It is only in extreme cases that all contractile tissue of muscle disappears, when no strength of current will give rise to the slightest contraction. When the diseased process ceases and recovery begins, the galvanic excitability lessens, and the muscles again respond to the faradic current, but never to a normal degree. The abnormal excitability of the muscles to the galvanic current may be present, whilst the excitability of the nerves to the galvanic and faradic currents is normal. (Bartholow.)

The foregoing description of the nature of the reactions in diseases of the anterior cornua of the cord, applies more especially to the acute form, especially as seen in infantile paralysis. But it must be remembered that the nerve cells in the anterior cornua often undergo chronic degenerative changes. Under such circumstances the irritability of both nerve and muscle gradually lessen alike to the galvanic and the faradic current. There is no stage when nerve irritability is lost and that of muscle retained, nor none when muscle irritability is lost to the faradic current and increased to the galvanic. The disease known as progressive muscular atrophy is an example.

*Electrical reactions of the paralyzed Muscles when the Paralysis is due to lesion in the Ganglia at the base of the Brain or in the cortical centres of the Brain.*—In paralysis of cerebral origin the muscles, as a rule, readily respond when excited by the galvanic or faradic current. As first pointed out by Dr. Todd, in 1847, the cerebral group of paralysis may be divided into three sub-divisions. In the first, those cases of recent origin, those in which the brain near the seat of lesion becomes irritable as the result of inflammation, and we may now add, cases of hemiplegia where the lateral columns of the cord are secondarily affected, the muscular excitability is increased to both currents. In the second, the electro-muscular contractility is normal. In the third, where degenerative lesions have taken place in the motor cells of the cord, or where the muscles have become atrophied from poor nutrition or simply from want of use, the muscular irritability is below the normal.

In supposed hysterical paralysis, so long as the muscular irritability is lessened to the faradic current, a diagnosis of pure hysteria can never be safely arrived at. (Buzzard.)

"*Brief.*"—By including disease of the multipolar ganglionic cells in the anterior cornua of the cord in the list of peripheral lesions, and by dividing broadly the lesions causing paralysis into central and peripheral, we may present in a brief space the behavior of muscles when excited by electricity. When the lesion is peripheral, and has passed the acute stage, the muscular excitability is lessened or abolished to the faradic current, and diminished to the galvanic. The peripheral lesion may be situated in the ganglion cells in the anterior cornua of the cord, as in anterior polio-myelitis (infantile paralysis); or at the point where the nerves penetrate the membranes of the cord, as in syphilis; or at the vertebræ, where the nerves pass encased in bone, as in disease of the spinal column; or in the course of the nerves, when the injury may be caused by blows, exposure to cold or gunshot wounds; or finally in the muscles themselves, as in contusions, and in progressive muscular atrophy, if Friedreich, who regards this disease as beginning primarily in the muscles, be correct in his theory. When the lesion causing paralysis is central, in the brain, or in other portions of the cord than the anterior cornua, leaving the latter in a normal condition, the muscular excitability is normal or slightly increased, as a rule. I am aware that in attempting to embrace the gist of the subject of electro-diagnosis in such a brief space that I have done is at the sacrifice of some accuracy. Such *résumés* aid the mind in retaining important facts until the whole subject is made

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familiar to one, but if taken as literally true, this one, at least, is open to some of the criticisms which Marshall Hall's conclusions in regard to the use of electricity in determining the cause of paralysis, received from Drs. Pereira, Copland, and Todd.

I feel that I cannot do better than add the conclusions of Bartholow, found at the end of his chapter on electro-diagnosis:—

"The condition of paralyzed muscles, when affected by causes within themselves, may be ascertained by the application of galvanism and faradism. Both currents are necessary, and the reactions obtained are indispensable to diagnosis of the condition of paralyzed muscles. The reactions of degeneration afford precise indications of the state of the muscles in certain forms of paralysis.

"The motor nerves also react in a definite way to electrical stimulation, and they must be examined separately from the muscular to arrive at an exact knowledge of their condition.

"The reactions of degeneration afford us very important diagnostic indications as to the seat of spinal lesions, and separate broadly the so-called 'spinal' from the 'cerebral' paralysis." (Medical Electricity, Bartholow.)

# ORIGINAL COMMUNICATIONS.

## *ABDOMINAL SURGERY; SEVEN CASES.*

BY E. E. MONTGOMERY, M.D.
Late Obstetrician to the Philadelphia Hospital.

[Read before the Clinical Society, February 27th, 1885.]

[Concluded rom the May number.]

CASE IV.—*Large Uterine Fibroid; Removal; Death from Shock; Autopsy.*—Sarah B., æt. 46 years, widow, of temperate habits; entered the Gynæcological Ward in February, 1882, and solicited the removal of a large fibroid tumor. During her early menstrual life she suffered from severe hemorrhages. Her menses ceased, at one time, for five years, and she had not menstruated for two years. The tumor appeared eighteen years before, soon acquired great size, filling up the abdomen. She had been treated with ergotine, hypodermatically, and subsequently by the earth treatment; the latter followed by a slight reduction, due possibly to rest in bed.

The abdomen was very prominent; its walls thin, and the mass had settled down and forward, so that it encroached but little upon the portion above the umbilicus. The tumor was regular in outline and symmetrically developed. The bladder covered the whole of the lower face of the mass. Above, to the right, a small, loosely-connected mass was discovered, between which and the tumor percussion was resonant. The abdominal walls were freely movable over the tumor, but the latter would admit of but limited movement per vaginam. The whole uterus is involved in the growth which rests upon the pelvis. The posterior lip of the cervix was thin, and a probe could be passed into the uterine canal, five inches along the posterior surface of the growth, indicating its origin in the anterior wall. Only the urgent desire of the patient led to an attempt at removal of the growth. By way of preparation she was kept in bed one week, and given iron, quinine, and a judicious diet. Dr. Milliken examined the urine, which was alkaline, but contained no albumen.

The operation was performed March 17, 1882, under thymol spray. Drs. Duer, Warder, Parish, Musser, and Hatfield assisted. An opening three inches long was made for examination; this was extended above to the umbilicus. The peritoneal covering of the tumor was burned through with Paquelin's cautery and the bladder stripped off without difficulty. The capsule was raised on either side, allowing ligatures to be passed beneath the broad ligaments. The lower part of the cervix was then tied in two sections, both subsequently surrounded by one ligature, and the mass removed. Although the hemorrhage had been slight, the condition of the patient became exceedingly critical. The pulse was scarcely perceptible; breathing infrequent, and sighing. It was only through Dr. Parish's stimulation of circulation and respiration by frequent hypodermatic injections of whiskey and ammonia, and assiduous applications of hot water over the chest that she survived until the wound could be closed.

She was placed in bed, artificial heat applied, ergot and digitalis given hypodermatically, and whiskey by the mouth and rectum, but without counteracting the effects of shock. She died at 4 P.M., two and a half hours after the completion of the operation.

*Autopsy.*—Douglas's *cul de sac* contained two ounces of bloody serum. The kidneys

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were small and sacculated, the right containing pus. The cortical structure in both was greatly decreased. The ureters were uninjured by the dissection, but were dilated to the size of the little finger. An inch and a half of the cervix remained below the ligature. The tumor was a solid mass longer transversely, quite regular in outline, presenting at the right upper surface a smaller growth with an elongated pedicle. The whole mass weighed sixteen pounds.

CASE V.—*Epithelioma of Larynx and Œsophagus; Gastrostomy; Death and Autopsy.*—Mrs. C., æt. 46 years, married, had been ill for over two years with disease of throat, which Dr. J. Solis-Cohen pronounced malignant. It apparently began in the arytenoid cartilages, and finally interfered so much with respiration that Dr. Cohen performed tracheotomy in November, 1881, after which, as she lived at a distance from him, he kindly placed her under my care.

The disease gradually extended, involving the lymphatic glands. The neck became greatly swollen, making deglutition possible only for liquids, and these frequently ran into the trachea and were coughed out of the tube. Deglutition finally became so difficult as to require the introduction of bougies. A No. 10 Eng. catheter was at first passed, and the size increased until the French œsophageal bougie was used. Later the swollen glands began to soften, and broke just above the tube, forming a large cavity from which the upper rings of the trachea were discharged necrosed. The extensive ulceration of the throat made it impossible to find the œsophagus, for the introduction of further dilators, and the large opening permitted liquids to escape as fast as taken into the mouth. She was supported for some three weeks on beef blood and whiskey per rectum.

December 17, 1882, assisted by Drs. Warder, Walker, Chase, Martin, Mr. Warder, and Miss Wolcott, the patient was anæsthetized with A. C. and E. mixture, and gastrostomy was performed. An incision two inches long, parallel to the cartilage of the eighth left rib, was made to the peritoneum, when no bleeding occurring it was opened. The liver was seen moving up and down with each respiration. The stomach, being empty, was reached with difficulty. It was transfixed by two pins at right angles to each other, and stitched to the integument, taking care to pick up the parietal peritoneum with each stitch. Fifteen silk sutures were introduced, three of which were to close the upper angle of the wound. The inclosed portion of the stomach was then opened by a crucial incision. The wound was dressed with cotton saturated with a solution of iodoform in collodion; over this absorbent cotton was applied, held in place by a bandage.

After treatment. She was given whiskey ℥j, milk ℥iv, per rectum, every three hours. In the first twelve hours two hypodermatic injections of morph. gr. ¼ each, were given.

9 P.M. T. 99.8°, P. 100.

18th, 7 A.M. T. 99°, P. 104.

10 P.M. T. 98.8°, P. 96.

19th, 7 A.M. T. 98.8°, P. 104.

10 P.M., T. 101.8°, P. 144. The wound was dressed during the day; the upper angle had completely united. An attempt was made to inject some milk, but unsuccessfully; the opening was filled with glairy mucus. She desired to lie upon the left side, but it was followed by severe pain. Morphia gr. ¼ was given hypodermatically.

20th, 8 A.M. Pulse could not be counted. Stupor and mental wandering. Attendant had discontinued stimulant. Ordered whiskey f℥j, tr. digitalis gtt. xx every two hours.

5 P.M. T. 101°, P. 132.

21st, 7 A.M. T. 101°; pulse very feeble and compressible, countenance pale and pinched; sank gradually until 2 P.M., when she died.

*Autopsy*, twenty-seven hours after death. The abdominal wound had united above the point at which the stomach was attached. The stomach had been opened about the centre of the anterior surface and was well glued to the wound without any extravasation of its contents having occurred. The peritoneum was injected, but no serous effusion or flakes of lymph were present.

CASE VI.—*Menstrual Epilepsy; Oophorectomy; Recovery.*—Sarah H., æt. 17 years, became an inmate of the Philadelphia Hospital in April, 1884. Excepting an attack of inflammatory rheumatism, she was well until her thirteenth year, when she began to have epileptic seizures. These attacks occurred monthly, increasing in number and virulence until her admission. She was unconscious from ten days to two weeks out of each month. She was warned of an approaching attack, by full-

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ness in the head, tingling sensations over various parts of the body, and pain in the back. There had been, but once, a trace of menstrual discharge, and that but for a single day.

Family history good. She was pale, flabby, anæmic, poorly developed, and quite hysterical. Extremities were cold, clammy; appetite good, without abnormal cravings; bowels constipated, urine normal. There was a mitral regurgitant murmur. The epileptic attacks varied; some resembled the epilepsia gravior; others, the *petit mal*. In the former, there was a sudden scream, foaming at the mouth, general convulsions, followed by profound stupor for several hours; tongue was bitten; urine and feces voided in bed. In the lighter attacks, she utters a piercing scream, falls from her chair, lies motionless for a few minutes, and recovers without any knowledge of what has occurred. Her falls from bed were so frequent that her mattress was placed upon the floor during the epileptic period.

She was given a generous diet, cod-liver oil, quinine, iron, with various remedies to control the convulsions, as assafœtida, valerian, bromides, chloral, nitrite of amyl and nitroglycerine; other means, as galvanism and massage, were tried with the hope of establishing the menstrual function. Under this treatment her general condition was greatly improved, but there was no indication of the menses, nor any abatement of the epileptic seizures.

After some months it was decided to remove the uterine appendages. By the courtesy of Dr. Stryker, the writer was permitted to perform the operation. The operation was performed, on September 13th. Dr. Hearn administered ether, and Dr. Stryker assisted the operator. The instruments and sponges had been placed in hot water; no other antiseptic was used. An incision two inches long was made, midway between umbilicus and symphysis, through the abdominal walls, the fundus uteri found by the finger, and from it first the right ovary and tube, then the left brought up, ligated with black silk and removed.

In the effort to effect the complete removal of the tissue of the left ovary, the pedicle was cut too short, and the ligature slipped, permitting the ovarian artery to bleed. The stump was quickly seized with hæmostatic forceps and re-ligated. The abdominal cavity was washed out with warm water. Five silk sutures were used to close the wound. The wound was dressed with a thick layer of absorbent cotton, held in place by adhesive strips and a flannel bandage. The operation required thirty-five minutes, and was followed by slight shock. She recovered from the operation without developing symptoms of special interest. The highest temperature, 102°, was reached at 12 M. on the 17th. She was returned to her ward upon the 26th, and that night a severe convulsion occurred. She had a number of convulsions before November 1st, but none so severe as those previous to the operation. In none of them did she fall out of bed, and was perfectly conscious during the intervals. Subsequent to the above date five weeks elapsed in which she was perfectly free of epileptic seizures.

CASE VII.—*Cyst of Broad Ligament; Laparotomy; Recovery.*—Emily A., æt. 30, married, never pregnant, suffered for seven years from an enlargement of the abdomen, which, beginning soon after marriage, was at first attributed to pregnancy. Her menses, however, were never suppressed, and now occur every three weeks. The only distress, excepting pain at catamenia, is the sensation of weight. After coming to this country she was informed that she had an ovarian tumor, in which the adhesions were too extensive to permit of removal. Paracentesis was then performed, and some six times subsequently in as many years. The largest quantity removed at any one time was forty pounds. She at one time suffered from an attack of peritonitis, which kept her in bed three months. October 1, 1884, her abdomen was distended by a nearly symmetrical tumor, which was slightly more prominent on the right side. Fluctuation was distinct over the whole surface. In coughing, the whole mass would be propelled forward and downward. Her general condition was good. The tumor was diagnosed a parovarian cyst, and she was advised to submit to an exploratory incision, with a view of complete removal if the adhesions would permit, otherwise stitch the sac to the integument and insert a drainage tube.

The operation was performed October 9th, Dr. Warder assisting, and Dr. Joseph Martin giving ether. An incision two inches long was made to the sac, which, being easily dissected, the incision was extended to four

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inches, and the tumor emptied by the trocar of nearly two gallons of pale, straw-colored liquid. The opening into the sac was increased to admit two fingers to ascertain its character. It was everywhere adherent, but was enucleated without difficulty and without ligating a vessel. The previous attack of peritonitis had glued the peritoneal surface of the tumor to the parietal peritoneum, so that the viscera were shut off above. On the right side was a small globular mass, from whose surface there was considerable oozing. It proved to be an enlarged ovary. By its removal the first opening was made into the peritoneal cavity. The abdomen was packed with sponges, while seven silk sutures were introduced, the sponges removed, a glass drainage-tube inserted, and the wound closed and dressed with salicylated cotton, held in place by plaster and bandage. As in the former case, boiled water was the only antiseptic. The operation occupied forty-five minutes, and was well borne. She suffered pain during the afternoon, for which morph., gr. ¼, was given hypodermatically. This was followed by severe vomiting, which was relieved by a rectal injection of chloral.

The temperature did not exceed 101° until the evening of the seventh day, when it was 102.6°. The drainage tube discharged about three ounces of bloody serum daily. It was removed the fourth day and a rubber tube substituted. With the elevation of the temperature there was a change in the discharge, it became offensive and the abdomen tympanitic. Under quinine, whiskey, and cleansing of the cavity with carbolized solutions, the temperature became normal on the morning of the 11th day. The rubber tube was removed at the end of three weeks, but the sinus did not close for some weeks later. An abscess then formed beneath the cicatrice and opened through it, leaving a sinus an inch long, which has not yet healed.

REMARKS.—Case I. being a simple cyst, without adhesions, the operation should have been completed through the first three-inch-long incision. The removal of the remaining degenerated ovary in this case would, probably, have been justifiable from a humanitarian standpoint, but the occurrence of pregnancy and the absence of any further development of the cysts, demonstrate the importance of desisting from such removal in cases where reproduction is desirable.

Cases III. and IV. were very unpromising ones for operation. The latter, in the light of the autopsy, was absolutely hopeless, as from the loss of kidney structure, it is questionable whether she would have survived the etherization, had no incision been made. The chances for the former would have been enhanced had we been properly provided with hæmostatic forceps and the spray dispensed with. The results of operations without antiseptics, by men of large experience, depending upon the most scrupulous cleanliness, lead us to question the value of antiseptics in the above cases, particularly in the prolonged operations. The peril of the patient is increased by the prolonged chilling of the peritoneum, by the absorption of a deleterious agent, and by the increased organic matter washed into the wound from the impure air of the room.

Case II. is another exemplification of the value of colotomy in prolonging life and increasing comfort in malignant disease of the rectum.

In Case V. the operation was postponed too long.

In Case VI. the convulsions have been much less frequent, nearly three months interval occurring between the last epileptic periods. She has just undergone a severe attack of inflammatory rheumatism.

Case VII. demonstrates the importance of making an exploratory incision before pronouncing against the removal of an intra-abdominal tumor.

1305 NORTH BROAD STREET.

## *THE PATHOLOGY AND TREATMENT OF CHOLERA.*

BY ALEXANDER HARKIN, M.D., F.R.C.S.

[Abstract of a paper read before the Ulster Medical Society.]

THE intimate nature of the poison of cholera has always given rise to much discussion. But whether it be microbe, miasm, bacteria, or some yet undiscovered factor, under the influence of the poison the nervous system becomes rapidly involved, and its influence manifested in every prominent symptom; vomiting and purging are apparently due to an abnormal or excited condition of the nervous supply of the stomach and intestines. The choleraic voice, the vertigo, the cramps, and the tremors betray their neurotic origin. The symptoms of collapse character-

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istic of the algid stage, in accordance with the teaching and experiments of Claude Bernard, are dependent upon great irritation and hyperæsthesia of the sympathetic nervous system, while to a similar derangement of the vasomotor nerves may be attributed that depression of the functions of respiration and circulation which are the chief dangers of the disease. We may also discover additional proofs of nervous agency in the instantaneous deaths by cholera that occur in every epidemic, when men are stricken down as if by lightning. Those rapid recoveries that so often occur in hopeless cases forbid the idea that any serious organic affection could have been either causative or concomitant of the gravest symptoms.

In Dr. Henry MacCormac's philosophic exposition of the nature of spasmodic cholera, published in 1832, he states, as his opinion, "that the poisonous agency which produces cholera acts by destroying or diminishing the action of one of the three grand divisions of the nervous system by whose power the human frame is maintained in life and vigor, the respiratory, the cerebral, and the sympathetic, and it is by the lesion or injury of the last that we suppose cholera to be produced." Most of our modern authorities assign a similar reason for its causation. Dr. Johnston gives it as his opinion, in which particular many agree with him, that the specific poison acts primarily on the blood in the intestinal canal and then affects certain portions of the nervous system, especially the sympathetic and the nerve-centres.

It may then, I think, be taken for granted that it is to a lesion of the sympathetic system of nerves that spasmodic or Asiatic cholera is due, and that being admitted, we should expect that in seeking for a remedy it would be natural to look for an agent that will control and influence the system at fault. The indication for treatment, according to Dr. MacCormac, consists in "increasing the power of the stricken system of nerves, in remedying the results of its inefficiency, and in lessening and rendering light and easy the burden of its functions. There is, perhaps, no stimulant, real or supposed, in the catalogue of medicine which has not been tried. We are not acquainted with any direct and certain means of acting on the *sympathetic nerves independently of the rest of the nervous system*, and as this *disadvantage cannot be avoided it must be submitted to.*"

Still his success was remarkable, since in the first outbreak, in his return to the Board of Health, in 1852, he gave the details of 726 cases, with only 173 deaths, including patients also suffering from chronic diseases, aged persons, infants, child-bearing women, and many moribund on admission to the hospital. His plan of treatment was, in an adult not previously debilitated, to take from ten to thirty ounces of blood from the arm, to administer a scruple of calomel with two grains of opium, washed down with brandy or whiskey and water, and forty drops of laudanum, the medicine to be repeated in two or four hours until relieved, with stimulating liniment, rest in bed, hot air baths and free draughts of cold water. After a few repetitions of the dose the patient often awoke very weak, but out of danger. The consecutive fever which followed the algid stage was treated on ordinary principles.

When we compare this with the death-rate of fifty per cent. in Paris last year under every possible plan of treatment, modern science has nothing to boast of when comparison is drawn with the practice of half a century ago.

In the diarrhœal stage, as in every other, rest in bed between blankets is indispensable; turpentine and mustard applications to the stomach and abdomen are advisable, with chicken broth and beef tea for nourishment, and soda water and iced water for drinks, which may be given *ad libitum*. Barley water and a weak solution of chlorate of potash are also allowable. Medicinally, dilute sulphuric acid holds the first place. It should be given in repeated doses of ten to twenty drops in some agreeable medium, and ten to twenty drops of laudanum added to each dose.

This was formerly my plan of treatment in cases of sporadic cholera and cholera infantum also, but since the experiments of Claude Bernard have demonstrated the remarkable antagonism between the pneumogastric and the sympathetic nerve, I have discarded all internal remedies in the treatment of those affections, and rely entirely upon stimulation of the pneumogastric. I simply apply with a camel's-hair pencil some epispastic fluid along the course of the nerve in the neck, commonly behind the ear, the right preferably, and extending to the angle of the jaw. The constant and immediate result is that as the irritation of the vesicant commences, an improvement follows, and an end is put instantaneously

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to all bowel discharges; the patient finally falls asleep, and awakes cured.

In the second stage, in addition to the purging, vomiting sets in, with spasms and cramps in the stomach and limbs, great anxiety, with violent palpitation of the heart and commencing coldness of the extremities. I have less trouble in applying my topical remedy in this stage as I can promise an immediate relief. As before, I paint the region indicated, and with the same result, an instantaneous abatement of all the symptoms.

In the algid stage, which, according to Claude Bernard, is due to great irritation and hyperæsthesia of the sympathetic, the antagonistic powers of the pneumogastric should also be invoked in a similar manner, and, if necessary, the vagus of the left side should also be appealed to by vesication. I should mention that I prefer blistering the right side first, as Kolman has shown that the right pneumogastric supplies the whole of the small intestines. This is an inhibitory nerve and has an antagonistic action to that of the sympathetic. Moreau and Lauder Brunton have also demonstrated that the division of all the nerves going to a portion of intestines is followed by the secretion of a fluid just like the rice-water stools of cholera. There is another important indication which will be subserved by counter-irritation over the vagus, viz., the restoration of the cardio-inhibitory functions of that nerve, which are evidently in abeyance in cholera. Thus the violent contraction and palpitations of the heart will be controlled. The dilating power of its cavities and walls, especially of the left side, will be restored, and the congestion of the pulmonary system will also be relieved. In applying stimulation to the vagus the rapid effect of galvanism should be tried, as the nerve will be found to respond much sooner than under the stimulation of the epispastic solution alone.

[Dr. Harker, in conclusion, detailed several instances in which his truly philosophic yet simple plan of treatment had been employed with marvellous success in cases of English cholera and cholera infantum, and urged its more extended use in Asiatic cholera.—ED.]

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DR. A. W. FRITSCH, of Evansville, has been appointed to fill the vacancy in the Indiana State Board of Health, caused by the resignation of Dr. Compton, of the same city.

## *BACTERIAL POISONS.*

BY ALFRED S. GUBB, M.R.C.S., L.R.C.P. (LOND.)
Resident Medical Officer, French Hospital, London, W.C.

THE task of assigning the exact role of the various bacteria, micrococci, in determining or modifying those diseases of which they are now recognized to form a pathological part, is one to which many earnest thinkers are devoting their talents and attention. Every step, therefore, made in advance, every suggestion bearing the appearance of plausibility, merits our careful consideration.

Taking the question from a purely biological and chemical point of view, much that is of interest presents itself.

The hypothesis of a "struggle for life" between the protoplasm of the animal attacked and the invading bacteria, where the protoplasm is compelled to compete with the invaders for its subsistence, is contradicted by clinical observation. Indeed, the appearance and symptoms of a patient suffering from one of these maladies, point far more to intoxication than to starvation—to a perversion than to a diminution in functional activity. In this struggle for existence, if the giant succumb to the pigmy, it is not from starvation, which would altogether fail to account for the differences in the variety and mode of onset of their respective symptoms—the uniformity which the action of such a cause would imply is, on the contrary, conspicuous by its absence.

Let us imagine, on the other hand, that they produce their effect, not so much from diverting the nutrient materials from their proper destination, as by a general poisoning, the result of certain deleterious products, which are the outcome of the chemico-physical changes which these organisms set up in the protoplasmic elements with which they come in contact. It is quite conceivable from this point of view that different species of organisms may produce different compounds of a deleterious nature, with special affinities for various organs, and thus produce a train of symptoms *sui generis*. Such a poison, for instance, has been shown to exist in putrid meat by the Danish physiologist Panum, a poison, too, sufficiently stable to resist destruction by means that would prove fatal to any bacteria. Allied to this poison are the *ptomaines*, the noxious alkaloids found *post-mortem*.

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The fermentative action of bacteria is so well known that it is but a step to the inference that their waste products may possess poisonous properties, varying according to the particular generating organism. One objection, however, to this view is, that the action of these ptomaines is also tolerably uniform, generally of a tetanizing nature, and bearing more particularly on the nervous system, consequently the same difficulty occurs here in accounting for the different symptoms as in the hypothesis of inanition.

It is not to be supposed, however, that neither inanition nor intoxication by ptomaines have any share in the production of the general results. They contribute their quota, but they do not dominate, they do not confer the prevailing characteristics of the malady. A reasonable explanation of this diversity is rather to be sought in the fact this fermentative action bears, not on any one body of a particular chemical formula, but on the various complex chemical bodies of which the human organism is built up. The more complex bodies result from the combination of various compounds of a simple nature, and the first effect of the fermentative action would be to reconvert the highest compound into its constituent radicals. Hence, the same action applied to equally complex but differently constituted compounds would result in the production of simpler bodies of totally distinct nature and influence. With this in mind, we can easily conceive of an indefinite number of chemical compounds being formed, each with its own particular influence for evil, and whose instant elimination becomes a matter of vital importance to the economy at large. The constitution, and consequently the effect of each resulting compound, depends, first, on the nature of the process, *i.e.*, on the variety of bacteria at work, and, secondly, on the particular chemical molecule attacked.

Take hæmoglobin as an example, this compound has a definite role to play in the economy, but it can only do its work when contained in the red blood corpuscle; once let it escape and be found free in the blood (and this may easily result from various causes), and it becomes not only useless, but in the process of elimination by the kidneys it sets up a violent irritation.

The more complex molecules resulting from the disintegration of the highest order of compounds, only appears to act as poisons to the excretory organs, but when the more simple bodies which enter into the formation of the red corpuscle are set free, the effect is infinitely more serious and intense. When, for instance, the salts of potash, which are found almost exclusively in the corpuscles, are liberated, the toxic effects shown by Bernard and Grandean to result from the presence of free salts of potash in the blood are produced, such as paralysis of the cardiac muscle fibres and general nervous depression; nor are iron salts less hurtful, for Williams demonstrated long since that when free in the blood they are as poisonous as arsenic, or antimony, or colchicin, depressing the nervous system, reducing the blood pressure, and interfering with the normal alkalinity of the blood. More recently the salts of lime and magnesia have been shown to have a like effect, the former resembling the salts of iron, and the latter the salts of potassium in their influence, and it must be remembered that these salts all enter normally into the composition of one or other of the tissues, of which they form an essential and indispensable ingredient.

The conclusion to be drawn from the foregoing is that it is quite unnecessary to attribute these tonic influences to bodies of new formation foreign to the organism, since, as has been shown, they exist in a latent condition in all the highly complex chemical compounds of which the body is constituted, bodies so complex that their rational chemical formula is still a matter of uncertainty, and the elements of which are grouped afresh under favorable circumstances to form fresh compounds, which, though of simpler construction, are capable of powerfully influencing the organism in which they exist under new and abnormal conditions.

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## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

THE plaster gauze employed in this and in Case X. reminds me of another therapeutical remark. I tried here the external use of arsenic, after its internal administration, as often happens in lichen planus, had proven resultless. The plaster had so good an effect that nowhere was a part of the skin lost, but only the skin, diseased by the "lichen," be-

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came necrotic and fell off. The fact that the pointed condylomata can be destroyed by the local application of mercury and arsenic combined without the healthy skin being injured, induced me to try the same medication in these cases. Arsenic plaster alone may answer for the soft lupus, but for the hard new formations and infiltrations they are without effect. Here mercury must be added to obtain the same result, otherwise gained by the arsenic alone.

Modern dermatology has added to the group of symptoms of "lichen ruber" still another, *a specific affection of the mouth.* Crocker (Monatshefte f. prakt. dermatol., 1882, p. 161) first described it in detail, after Wilson and Hutchinson had slightly made mention of it. But just before Pospelow and Neumann each had reported a case thus complicated. All these cases were instances of lichen planus, and characterized by the appearance of plain, white lines or round spots on the buccal mucous membrane, and on that of the tongue. Crocker even is of the opinion that this affection of the mouth may precede the skin eruption, and possess, therefore, a prognostic value.

Probably the fact that lichen planus is comparatively rare in Hamburg—of about thirty cases of "lichen" treated by me, but seven were lichen planus—is the cause of my never having observed this mouth complication. But in two cases of lichen acuminatus that were in my charge, a peculiar mouth affection made its appearance, either previous to the skin disease or during its course, and in one case I was able definitely to demonstrate the casual relation between the "lichen" and the lesion of the mouth. One was the case of a lady, and, as I reported the history in the Monatschrift f. prakt. Dermat., 1882, p. 259, I shall give here only a short *résumé* of it.

XII.—Mrs. R., æt. 38, married six years, never had lues. Has for the last week an eruption, which is very itching, and showed itself first on the dorsal surfaces of both hands, and thence extended to the extremities, the trunk, and finally the head. Entered my clinic November 12, 1881. Status praesens evinced a typical case of universal lichen acuminatus, which, with the exception of the flexor side of the joints, covers the whole body, the hairy part of the head included. Of special interest are the palms of the hands, the soles of the feet, and the tongue. The first two places are covered with flat, papulous eminences of considerable size, which are translucent in their centre, at their edges bluish-white, reminding one of beginning smallpox pustules in these parts, and itching intensely. The surface of the tongue, on the other hand, is the seat of the erosions, which are from the size of a mustard seed to that of a pea, elongated and round, and surrounded by a whitish layer of horn, and itch greatly. Also characteristic is the great acuteness of the case, which, notwithstanding the enormous number of single efflorescences has nowhere permitted their confluence to plaques. My carbolic-sublimate inunction cure caused a total disappearance of the whole crop within one week. No arsenic was administered, and no relapse had taken place a year later.

That the erosions in the mouth were the same eruption as the exanthem of the skin permits no doubt. Both began and disappeared at one and the same time under a treatment intended for the "lichen" alone, both shared the intense itching, and the fact proves the impossibility of ascribing the affection of the mouth to any known cause. Still, this lesion of the mouth greatly differs from that of the other observers.

The second case is that of a dentist, æt. 39, who nine years ago suffered from a very doubtful affection of his tongue, the complaint lasting with intervals of various lengths for a period of five years, and then ceasing of its own account. Three excellent practitioners had pronounced the tongue disease to be of luëtic origin, although neither the history of the case nor the most careful examination of the body revealed the least sign of syphilitic origin. A fourth physician was equally certain that syphilis had nothing to do with the malady. This view was also shared by Reumont, under whose charge, in Aix la Chapelle, the patient passed through a hydropathic treatment without his being benefited by it in the least. In consequence of an opinion expressed by Reumont the patient married, and the further history of the case, as well as his later marriage relations, seemed to prove that those had been right who had eschewed all syphilitic infection. I myself had, in 1878 and '79, the opportunity to examine the tongue affection. This consisted of gray spots, mostly round, though at times oval, of the size of black pepper, which spots were met with on the

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mucous membrane of the cheeks, though mainly on that of the lower lip, and on that of the gums of the lower maxillary bone and on the lower surface of the tongue, near the frænum. These spots formed more or less deep erosions, and generally disappeared after having run a typical course of from three to four days. Smoking had no influence on them, the spots only becoming more sensitive. All the various methods of treatment were utterly without result; relapses could not be prevented. These efflorescences had but little resemblance to those of syphilis and those caused by smoking; they presented a type of their own. After this local disease had ceased for a number of years, this greatly overworked and very nervous patient was suddenly attacked, in 1883, by lichen ruber acuminatus.

January 3d he came to me with a skin eruption, which he was certain had to be ascribed to the immediate influence of an inunction with balsam apple. He said that on account of an attack of muscular rheumatism he had made use of the balsam, and that the small papular eruption had broken out exactly where he had rubbed the balsam into the skin. I saw the eruption a few days later, when it had already spread evenly over all the extremities and the trunk. Though I was sure of the diagnosis of lichen acuminatus from the very beginning, the patient could not get rid of the idea that the eruption had been produced by the balsam, and it was only on account of the intense itching and of the miserable nights that the patient could be induced to employ the carbol-sublimate inunctions at night, while during day time he attended to his professional duties as well as he could. The cure was, therefore, but slowly established, and it was not until the end of January that the patient was free from all eruption. But up to March there still existed a peculiar tendency to chilly sensations, always accompanied by goose-flesh, but in a higher degree than this is usually met with, and I therefore advised him to continue to rub in some of the salve into the parts formerly mostly affected by "lichen." Middle March not a trace remained of the "lichen," all treatment was stopped, and for the last year and a half the patient has enjoyed the best of health.

In the light of this eruption of lichen acuminatus ruber it is perhaps possible to explain the former mouth affection, as it shows a decided resemblance to the lichen-like erosions of Case VIII. Crocker, besides, has laid special stress on this disease of the buccal mucous membrane as often preceding lichen planus. Notwithstanding these facts, I am not certain of the causal connection between the two. But this case leads us to the consideration of another point, viz: the etiology of "lichen," which is as dark as that of most skin diseases in general. That the balsam apple had any influence in causing the eruption need scarcely be disproven. It is a remedy which with us is greatly employed by people especially in the intestinal complaints of children, and more recently it is also made use of to correct the odor of iodoform. There has never been recorded a single case where such a skin eruption had followed the local application of this popular remedy. But it is well to remember in the history of the case the frequent return of light rheumatic troubles and the irritation of the skin each time by irritating and diaphoretic inunctions. In this respect I wish to mention one more case from my practice.

XIV.—Th. H., merchant, æt. 54. The patient, who was well known to me, I having been physician of his family for years, had enjoyed a good health up to 1883, with the exception of his having frequently suffered from all kinds of rheumatic complaints. Even the year before he had complained of vague rheumatic pains in the arms and legs, and of periodically appearing headache. In the beginning of February rheumatic pains again set in, this time combined with a severe catarrh. As the patient had often employed for these pains ichthyol preparations, and as he had invariably done so with success, he made use, on February 4th, without consulting me, of ichthyolvasoline, and rubbed the same well into the skin of the neck, shoulders, and trunk. The following night he was seized with profuse perspiration and the following morning there appeared, especially on the skin where the inunctions had been made, but besides also around the ankles and wrists, intensely itching red papules in considerable numbers. The patient considering them simply an ichthyol exanthem, only omitted the inunctions, and did not consult me until a few days later, when the eruption had spread nearly over the whole body, and had become almost intolerable by its intense itching. To my surprise I found a complete picture of the typical lichen acumina-

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tus ruber. But as I was not certain regarding the etiology, and still believed that the papules would slowly change to miliaria or eczema-vesicles, I concluded to wait a few days, and meanwhile ordered cooling drinks and the local application of some indifferent powder. When, however, under this expectant treatment, the eruption not only continued the same, but even increased in extent and severity, and when the itching did not give the patient rest either by day or night, I dropped all scruples, and, February 12th, exactly one week after the appearance of the skin disease, I ordered the systematic inunction cure with the usual carbol-sublimate salve. Two days later I had the pleasure to be able to present this case to my friend, Prof. Bergh, of Copenhagen, who, without a moment's hesitation, at once pronounced it "lichen ruber." I had purposely omitted giving him any information whatever regarding the history of the case. Of the greater value was for me the diagnosis of this experienced clinician, especially as the patient continued to ascribe the cause of the eruption to the ichthyol, of which as a rheumatic remedy he otherwise had a high opinion. February 16th he entered my hospital, to undergo a still more systematic treatment than would have been possible at his own home. Probably in consequence of the prolonged expectant treatment, the nerves of the not too vigorous man were in such an irritable condition that I had to have recourse to bromide of potassium and to morphine remedies, usually not employed by me in cases of this kind. By this time the eruption had spread over the whole body with the exception of the palmar surfaces of hands and feet. The mucous membranes were free, suffering only from a slight nasal and bronchial catarrh. Four days and nights of continued application of the inunction caused a great change in all the symptoms, after the itching had already greatly lessened by the second day. Hence I permitted the patient to move about a little, and instead of the inunction I had a carbol-sublimate glue applied to the skin by aid of a brush. February 23d, one week after his admission to the hospital, the patient was able to leave the institution, completely cured. Since that time, for the last year and a half, I have had the patient continually under my observation, but without ever noticing the least relapse of the former eruption. [To be continued.]

## *A CASE OF INTERNAL SQUINT OF ONE DEGREE,*

### REQUIRING FREE SECTION OF BOTH INTERNAL RECTI MUSCLES.

BY HERBERT HARLAN, M.D., BALTIMORE.

IN operating for the relief of the ugly deformity of crossed eyes, the rule is, as is well known, to cut the tendons of both the offending muscles. This rule is almost invariable when the squint is as much as three degrees, or is of long standing, as in the case of adults.

The following case shows that heroic section may be necessary in even the slightest irregularity:—

CASE.—S. McC., a girl of fifteen years, was brought to my office March 7th, complaining that her eyes were painful while reading or sewing, especially if she attempted to use them at night. Her vision was $\frac{15}{20}$ with each eye, and with the ophthalmoscope I readily recognized the hypermetropia present. A lens of 1 D. + gave V. $\frac{15}{15}$, and perfect comfort for Jaeger No. 1. I ordered this glass.

Two days later, when testing the glasses and looking at the fit of the frames when in position, I observed for the first time that the axes of the two eyes were not parallel, and called attention to the fact.

The mother said she had often noticed it, and if possible would like to have it corrected. Under the influence of a four per cent. solution of muriate of cocaine, I cut the tendon of the left internal rectus, and finding there was still some convergence, I severed the capsule of Tenon freely.

The squint, in the first instance, was so slight as readily to escape notice, and after the section I found was about the same as before. I then instilled atropia and ordered constant use of the glasses, in the hope that the general relaxation of accommodation would produce the desired result.

Five days later I found it necessary to cut the tendon of the right internal rectus, and even after this there was still a shade of convergence. The following day, however, I was gratified to see the eyes perfectly straight, and to hear the patient complain of diplopia. This, however, passed off in a few days, and there has been no further trouble.

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## THE PROPHYLAXIS AND THERAPEUTICS OF CHOLERA.

BY J. A. S. GRANT (BEY), M.D., CAIRO,
Senior Surgeon Railway Administration.

OUR Egyptian correspondent, Dr. J. A. S. Grant, sends us the following practical rules for the prevention and treatment of cholera, which he issued to his staff and which proved so successful in the great epidemic in that country:—

1st. Conform to and assist every measure of prevention put in operation by the authorities. If you apprehend danger from any public nuisance, immediately complain in writing to the Board of Health.

2d. Apply yourself to make your own home healthy by the instant removal of every nuisance about it and in it. See that your windows will open and shut so as to admit plenty of fresh air night and day.

Every epidemic rages amid filth. Make your children avoid all bad-smelling places. Whitewash all your rooms, and water-closets, and cellars. This has been found one of the most effectual preventives of cholera. Avoid crowding your sleeping rooms.

If there be a constant offensive smell within your dwelling, which other people notice, be sure that there is danger at hand, and do not rest until you have ascertained the cause and had it removed.

Personal cleanliness, and house cleanliness are both health-givers, and are of vital importance when the elements of disease and death are around us.

3d. Having looked to your dwelling within and without, consider then what is best for your welfare in food and clothing.

If there be any food or drink injurious at ordinary times, it is doubly injurious in the presence of cholera. Be very careful not to drink impure water. To be quite safe, it ought to be filtered and boiled and then cooled for drinking purposes. Care should be taken to have the filter in an airy position, and not near any water closet; wash out the filter frequently.

Avoid drinking alcoholic beverages of every kind, unless your doctor considers that you require them.*

Eat, as usual, a mixed diet, but avoid excess even of wholesome food. Do not take what you know to be difficult to digest.

Fruit, only partially ripe, should be cooked before eaten, and all raw ripe fruits should be washed before they are put into the mouth.

A flannel bandage should be worn round the abdomen next the skin, so as to avoid a chill across the bowels. The rest of the clothing should be rather warm than otherwise.

4th. Avoid overfatigue and excess of every kind. Fasting and feasting are equally bad.

5th. When called upon to wait on a choleraic case, be careful not to touch what has been vomited or what has come from the bowels; for in these is the germ of the disease. To make sure of your being properly disinfected wash your hands in water with a little carbolic powder, and dust some of the powder also over your clothes.

Disinfect the patient also by dusting the carbolic powder from time to time on the bed and under the bedclothes, and do not throw down the water-closet what comes from the patient, but have it put into an earthenware vessel and mixed with chloride of lime and vinegar equal parts, and then some water added. Every two or three hours the contents should be buried in the ground. Of course, where there is no garden or ground it must, notwithstanding the risk, be thrown down the water-closet. But the fact that the infected material has been in a strong disinfectant mixture for a time renders it harmless, only one cannot always depend upon this process being properly carried out. Bury, therefore, when possible.

6th. *Disinfectants.*—The best disinfectant is (*a*) "Pure air" and plenty of it. The germ of cholera becomes entirely inert in the open air, and this is the reason why it always travels along routes of communication, whatever the direction of the wind may be.

Persons and baggage coming from infected districts ought, therefore, to be isolated when they, by any chance come into a non-infected district, and it is the duty of any one, who comes to know such a circumstance, that he should communicate it at once to the authorities.

(*b*) Heat is the next disinfectant. It has been ascertained that the germ of cholera is destroyed by a heat of 140° F. Hence, if our food is well cooked and our drink boiled the danger of getting cholera in that way is re-

* But five to ten drops of dilute hydrochloric acid may be drank three times a day, as a prophylactic or preventive treatment.

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moved, and it is well to understand that the evidence in favor of the communicability of cholera by means of water and food contaminated with the cholera germ is now overwhelming.

(*c*) Carbolic acid of the strength of five per cent., either in solution or in powder, is a very good disinfectant, but weaker combinations are utterly useless.

(*d*) Sulphurous acid fumes are the most potent volatile disinfectant known, and the easiest way of obtaining this disinfectant is to burn some ordinary sulphur in the place where the disinfectant is required.

(*e*) Chlorine gas is also a most powerful disinfectant, and is most frequently used for disinfecting water-closets and cesspools, because there is no difficulty nor danger in the management of it.

It is obtained from chloride of lime by adding a diluted form of hydrochloric, sulphuric, or acetic acid. Ordinary vinegar being a diluted form of acetic acid, and being generally in abundance in every household, I should advise it to be used, mixing it with the chloride of lime in equal parts. Avoid, however, throwing this disinfectant down iron or lead pipes.

(*f*) Permanganate of potash is a true disinfectant, oxidizing and destroying all contagious material as well as putrid matters; but the quantity required, and the price, render its use almost impossible. If there be no obstacle to its use, then the best combination is as follows:

℞. Permanganate of potash . ℥iiiss.
Hyposulphite of soda . . ℥iiiss.

mixed with ten litres (two gallons) of water; then one fifth of this to be put into a bucketful of water and thrown down the water-closet at least once in twenty-four hours.

7th. (*a*) The best way of disinfecting the clothing and bedding of a choleraic case is to burn them. If not burned, clothing may be baked or well boiled with soda. Before being sent to the wash-house they should be steeped for half an hour in a five per cent. carbolic solution, or in a mixture of chloride of lime and vinegar, two ounces of each to every gallon of water.

(*b*) To disinfect rooms, scrub floors with hot water and soft soap, which may contain five per cent. of carbolic acid. The walls and ceiling should be brushed and wall paper removed. The furniture, if iron, is to be washed with the carbolic solution and removed from the room. Textile fabrics should be baked, or boiled, or spread out in the room for fumigation. In the last case sulphur is the best medium. It can be lighted by pouring a little alcohol upon it, or by means of a live coal. Every thousand cubic feet of space requires three pounds of sulphur. The doors and windows of the room are to be shut till next day and then thrown open. Whitewashed rooms in case of becoming infected should have the walls scraped and re-whitewashed.

(*c*) The dead body of a choleraic patient should be dusted well with carbolic powder, and wrapped in a sheet saturated with a solution of one part chloride of lime and one part vinegar in forty parts of water, or have it washed in a ten per cent. carbolic acid solution, and then wrap it in a sheet saturated with the same solution, and have it buried as soon as possible.

8th. *Description.* — Asiatic cholera is a specific disease, characterized by violent vomiting and purging, with rice-water stools, cramps, prostration, collapse, suppression of urine, etc., tending to run a rapidly fatal course.

At the commencement of an epidemic, cholera manifests itself without a premonitory symptom, and death takes place in a very few hours; but ordinarily there will be premonitory diarrhœa, the stools being copious and watery, followed by great prostration of strength.

If judiciously treated many persons recover from this, *the first stage* of cholera, but if neglected the disease grows rapidly worse. The stools become more frequent and have the appearance of rice-water. Vomiting now commences, and prostration is complete. There is intense thirst and severe cramps in the limbs, and the voice becomes husky and pulse imperceptible. The duration of this, *the second stage* of cholera, is very uncertain, but the weaker the pulse becomes the nearer the patient is to *the third stage*, or that of collapse, from which few recover. Those who recover, however, often succumb afterwards to some of the complications set up by the primary disease —such as suppression of urine, inflammation of stomach and bowels, etc.

9th. *Treatment.*—In the first stage of epidemic cholera endeavor to stop the purging—here opium is our sheet anchor. The best way of exhibiting it in cholera is in the prepara-

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tion known by the name "Tinctura Chloroformi cum opio (Kirby)," of which twenty

℞. Tinct. opii . . . . ℥ss.
Spt. camph. . . . . ℥ss.
Tinct. capsici . . . ℥ss.
Chloroformi . . . . ℥iss.
Spt. vini rect. ad. . . . ℥iiss.
M.

drops for an adult, and five drops for a child should be given in half a wineglass of water or chamomile tea every hour or two till diarrhœa ceases; and no nourishment given except beef-tea or chicken soup and rice.

If the diarrhœa is not checked, and vomiting commences then the "Anticholérique selon

℞. Hydrarg. bichlor. . . gr. ij.
Spt. chlorof. . . . ℥x.
Spt. camph. . . . . ℥v.
Tinct. lavend. co. . . ℥ss.
Tinct. vini rect. ad. . . ℥ij.
M.

Pasteur" should be used, and the other medicine left off. This "anticholérique" contains the ingredients for killing the germ of the disease, and for stopping the diarrhœa, vomiting, and cramps, while it stimulates the heart and favors a general reaction.

It is very hot and biting, and has, therefore, to be mixed with a sufficient quantity of water or chamomile tea to make it palatable. The dose is a teaspoonful to an adult, and half a teaspoonful to a child or young person, in a wineglassful of water, every quarter of an hour, every half hour, every hour, and so on, according to the urgency of the symptoms. Six doses can be given without any danger, even if there are not any of them vomited, and the medicine may, according to these instructions, be administered by a non-professional person, but after giving six doses the physician's visit should be waited for.

Mustard poultices may now be applied over the bowels, and mustard, with a little olive oil, should be rubbed up and down over the cramped muscles.

Thirst should be assuaged by means of ice, which is very agreeable to the patient, while giving water to drink *ad libitum* would only hasten death. The ice should not be stinted, but let the patient eat as much of it as he chooses; he will frequently devour a pound or two of ice in the course of an hour. In the treatment of cholera there can be no question about the value of ice. The patient should be prohibited from drinking water beyond what he gets from the ice, or has to take with the medicine. A little warm chamomile tea, however, may be given in small quantities from time to time to soothe the stomach and allay the vomiting.

In the stage of collapse heat and friction may be applied with advantage to the surface of the body, and give the patient more chamomile tea to drink or even some iced water. Wine and stimulants at this stage do harm instead of good; therefore they must on no account be given.

When reaction comes on—guard against doing too much. Iced milk or arrowroot, or weak beef-tea is all that should be allowed to be given by the mouth, but enemas of beef-tea may be administered by the rectum every six hours in case of great prostration.

Many nostrums have been put forward for the cure of cholera, and in 1865 they were all faithfully tried and found wanting. Since then some new combinations have been proposed, and amongst the others the one indicated above, which I hope may have good results.

## THERAPEUTIC NOTES.

### CHOLERA.

Prof. Bartholow says as the cholera discharges are distinctly alkaline the universal outward osmosis can only be checked by the administration of an acid. He recommends for the preliminary diarrhœa:—

℞. Acidi sulphurici aromat. . ℥ss.
Tinct. opii, deod. . . . ℥ss.
M. Sig.—Twenty drops in water every hour.

Or

℞. Acidi sulphurici, dilut. . . ℥ss.
Tinct. opii camph. . . ℥iss.
M. Sig.—A teaspoonful well diluted every hour or two.

Many prefer acetate of lead and opium in pill form or in solution. A favorite combination with others is spirits of chloroform, tincture of rhubarb, tincture of cinnamon, and tincture of opium.

Another efficacious remedy is the hypodermatic injection of morphia, gr. $\frac{1}{8}$ and atropia gr. $\frac{1}{150}$. Mustard to the epigastrium or a fly blister will aid in the arrest of vomiting. Other remedies for the vomiting stage are carbolic acid, chlorodyne, camphor, chloro-

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form and the hypodermatic administration of morphia and chloral. Both in this and in the algid stage Prof. Bartholow has obtained the best results from the internal use of sulphuric acid combined with the employment hypodermatically of morphia and atropia, followed by chloral. He considers chloral to be more efficient in the treatment of the later stages of cholera than any other single remedy. It frequently allays the vomiting and purging, relieves the cramps and brings about reaction as if by magic. This result is obtained by its action upon the nervous system, where the poison of cholera seems to spend its force. In desperate cases Prof. Bartholow recommends the intravenous injection of salines.

After reaction has been secured the urinary secretion must be restored in order to avoid a fatal result from uræmia or cholera-typhoid.

Prof. DaCosta says that success in the treatment of cholera depends in great measure upon the treatment of the preliminary diarrhœa. Check it and the general mortality will be decidedly lessened. Years ago he was impressed with the value of sulphuric acid in this stage. A valuable combination is—

℞. Acidi sulphurici, dilut. . . ♏x.
Tinct. opii, deod. . . . ♏x.
Aqua menth., pip. . . . ʒij.

To be taken every fifteen to thirty minutes until the diarrhœa ceases.

The experience of the physicians in India has shown that good results may also be obtained in this stage from the administration, every three or four hours, of—

℞. Plumbi acetatis . . gr. iv.
Pulv. opii . . . . gr. j.
Aqua . . . . ʒij.

If the case be one of more than ordinary severity a pill composed of capsicum, opium, and camphor will often produce a most happy effect.

℞. Capsici . . . . gr. iv.
Camphoræ . . . gr. viij.
Ext. opii, aq. . . . gr. ij.

M. Ft. pillulæ No. IV.
Sig. One pill every half-hour.

If the case still go on, and vomiting, purging, with cramps and rice-water discharges occur, Prof. DaCosta says that the first and most important thing to do is to stop the patient from drinking any fluids whatever. His experience in this respect agrees with that of McNamara and the Indian physicians. The patient may be allowed to swallow small pellets of ice which will allay the thirst without overloading the stomach. The whole abdomen should be covered with a mustard plaster to lessen the cramps, nausea, and vomiting. Medicinally, capsicum, opium, and camphor are still to be depended on, but they had better be given in liquid form now, and in small, frequent doses.

℞. Tinct. capsici . . . ♏ij.
Tinct. opii, deod. . . . ♏x.
Aq. camph. . . . . ʒij.

M. Sig.—For one dose. To be repeated every half hour.

If the stomach be too irritable to retain the medicine, morphia may be given hypodermatically. Friction with dry mustard is invaluable for the cramps in the extremities. At times they are relieved in a marked manner by the hypodermatic injection of chloral, gr. xv–xxx, largely diluted.

If the various astringent remedies have failed to arrest the excessive secretion and the case is progressing unfavorably, experience has shown that the alterative plan may be resorted to with advantage. Some physicians advise repeated large doses of calomel. Prof. DaCosta has obtained more benefit from the administration of one dose of gr. v, to be followed by small doses of gr. ¼, every hour.

If collapse be impending, friction with hot mustard, hot turpentine, or hot whiskey, must be persistently employed, and small amounts of warm whiskey or brandy given every few minutes by the stomach or hypodermatically. The hypodermatic use of caffeine, in gr. iss. doses, is warmly recommended by some of the most distinguished French therapeutists. If the patient is still failing, blood-letting has been proposed as a last resort, and has been used with success in some cases. Absorption and circulation appear to have been restored as soon as the venous stasis was removed by the withdrawal of a quantity of thickened blood from the swollen veins.

Prof. DaCosta is convinced, however, that the best results in this apparently hopeless stage will be obtained from the intravenous injection of salines. The effect of this procedure in the cases reported was marvelous. A very good formula for the solution is—

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℞. Sodii chloridi . . . . ʒj.
Sodii carb. . . . . ʒiij.
Aqua . . . . . Ovi.

M. Warm to the temperature of 108° and slowly inject ʒij per minute into a vein until ʒxl have been thrown in. If necessary ʒxl more may be injected after a short time, but it will not be advisable to exceed that amount.

After reaction has been established there is still danger of death from secondary irritative fever or from uræmia due to the clogging of the uriniferous tubules with cast-off epithelium.

EMETICS.

Dr. C. J. Hare, in a valuable paper read before the Harveian Society (British Medical Journal), justly deplores the growing neglect of emetics in the treatment of diseases. Although not a panacea, in certain cases emetics cured in a marvelously short time; and in others they alone appeared capable of saving life. Speaking generally, ipecacuanha was the most useful, in doses of twenty to twenty-five grains of the powder, or six to eight drachms of the wine. The chief value of emetics consisted in their mechanical action upon the viscera; the stomach was not only emptied, but its innumerable follicles were cleared by pressure, the lungs were compressed, and mucous forced out of the air-tubes, and the œsophagus, larynx, and fauces were swept clean. Allusion was made to cases of recurrent vomiting, commonly termed "bilious sick headaches," although more justly to be called "stomach-aches in the head." The persistent vomitings were endeavors of nature to expel the slimy mucus of the gastric follicles and the morbid ferments which it contained. The desired result was often at once effected by an emetic. Many anomalous ailments, accompanied by loss of appetite, nausea, the non-enjoyment of life, ill-temper, etc., were due to a similar cause, and similarly relieved. The removal of the ropy mucus was promoted by washing out the stomach by means of warm water, which excited additional vomiting. Emetics were sometimes of signal service in severe bronchitis, and in capillary bronchitis; the fear of "exhaustion" being produced by emetics was almost confined to those who never administered one. Attacks of catarrhal croup might be cut short, in children, by half a teaspoonful of antimonial wine; and in membranous croup, expulsion of the tough exudation was sometimes effected. Emetics were useful in the early stages of continued fever, of scarlatina, and of measles, and in some cases of whooping-cough. They were decidedly beneficial in the treatment of delirium tremens, and also in acute mania. By the same means, the paroxysms of ague could be greatly modified, and either arrested or rendered more amenable to quinine.

SUB-SULPHATE OF IRON IN DIARRHŒA.

Dr. E. T. Williams (Boston Med. and Surg. Journal), has found the powdered sub-sulphate of iron to be the most satisfactory remedy in chronic diarrhœa. It is not quite so well borne by the stomach as lead and bismuth, but far better than zinc or copper. The dose for a child is from one to three grains; for adults, from three to ten grains, combined with a little opium.

From the Pharmacopœia of the Adelaide Hospital, Dublin:—

MISTURA CARMINATIVA.

℞. Tinct. rhei . . . ♏xlviij.
Magnesi carb. . . gr. ix.
Spts. amm. aromat. . ♏ix.
Aqua . . . . ʒvij.

MISTURA DIAPHORETICA.

℞. Liq. amm. acetatis . . ʒj.
Potassii nitratis . . . gr. xx.
Aqua . . . . ʒvij.

MISTURA DIURETICA.

℞. Potassii acetatis . . . gr. xx.
Spts. ætheris nitrosi . . ♏xxx.
Decocti scoparii . . ʒj.

MISTURA PECTORALIS.

℞. Ammoni carb. . . . gr. iij.
Tinct. scillæ . . . ♏xx.
Syrupi . . . . ʒss.
Aqua . . . . ʒiij.

—*Canadian Practitioner.*

ICE TO THE SPINE IN REFLEX VOMITING.

Dr. Wm. L. Davies (Mississippi Valley Medical Monthly) was called to see a woman æt. 47, who had been suffering for several days from a severe attack of typhoid fever accompanied with intractable vomiting. All of the ordinary methods were employed in vain; even pellets of ice were rejected as soon as swallowed. Menstruation had been normal for some time, except just preceding the attack of fever, when it was limited in quantity. From the age of the patient and the number of children she had borne, he was inclined to believe that the climacteric was a factor in the gastric

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derangement. Thinking, therefore, that the vomiting might depend upon reflex disturbance of uterine origin, or ill-defined spinal derangement, he applied ice in considerable quantity to the lowest part of the spine. The vomiting ceased instantly and a profuse perspiration followed. The subsequent progress of the case was satisfactory, and the ultimate recovery complete in about the average time.

CIMICIFUGA IN PREGNANCY AND PARTURITION.

Dr. J. Suydam Knox, in a paper recently read before the Chicago Gynæcological Society, gave the results of his use of cimicifuga in one hundred and sixty cases of pregnancy. Dr. Knox claims from the observations thus made that:—

1. Cimicifuga has a positive sedative effect in quieting reflex irritability, nausea, pruritus, and insomnia, so common in the last six weeks of pregnancy; it always renders them less distressing, and they often disappear under its administration.

2. Cimicifuga has a positive anti-spasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often abolished. In fact during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. Cimicifuga relaxes uterine muscular fibre, and the soft parts of the parturient canal, by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. Cimicifuga increases the energy and rhythm of the pains in the second stage of labor.

5. Cimicifuga, like ergot, maintains a better contraction of the uterus after delivery.

Dr. Knox's method of administration has been to give fifteen minims of the fluid extract of cimicifuga in compound syrup of sarsaparilla each night for four weeks before the expected confinement.

PELVIC ANODYNES.

Dr. Alfred Meadows (British Medical Journal) says: As a pelvic anodyne, with special reference to the ovaries, I know of none that can compare with conium, or, better still, with the alkaloid conia, used in the form of a vaginal pessary. In all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain, conia is, to my mind, quite a specific. No drug that I know of acts with equal certainty and success. Bromide of potassium also exercises most powerful influence upon the ovaries. No drug, in my experience, can equal it in controlling ovarian mucorrhagia; it not only limits the flow but also increases the length of the menstrual interval.

INCONTINENCE OF URINE.

Dr. Clarence G. Hollister, (Medical and Surgical Reporter) has obtained immediate relief from the following prescription in several cases of obstinate urinary incontinence:—

℞. Tr. ferri chlor.
Tr. nucis vomicæ . . āā ʒss.
Tr. cantharides . . . ʒvj.
Syr. simp. . . . . ʒij.
Aqua . . . ad. q. s. ʒvj.

M. Sig.—One teaspoonful three or four times a day.

BURNT ALUM AS A TOPICAL APPLICATION.

Goldfeld (St. Petersburg Med. Woch.) recommends burnt alum, either as a substitute for iodoform or in a mixture containing four parts of alum to one part of iodoform. The cheapness of the former substance is the great argument in its favor. The writer maintains that the mixture that he suggests possesses all the advantages of iodoform. It should not be applied to a suppurating wound, he says, because of its irritating action.—*N. Y. Med. Jour.*

SOFT CHANCRE.

Prof. Hebra advises the following abortive treatment of soft chancre: After thoroughly cleansing the sore with spiritus saponis kalinus it should be carefully dried, and pure salicylic acid applied to the surface, which must be covered up with plaster. The treatment succeeds best when this application is renewed for two successive days, and free suppuration ensues. After three days the sore is covered with a white scab. The salicylic acid should now be abandoned and an emollient ointment employed as a dressing. The scab speedily separates, and the wound heals without the formation of a bubo.

TO PREVENT FALLING OUT OF THE HAIR.

Dujardin Beaumetz recommends:—

℞. Chloral . . . grammes 5.
Distilled water . grammes 100.

Use as a lotion every evening before going to bed.—*Jour. de Med. de Paris.*

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THE
# Medical Bulletin.

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## *EXPLANATORY.*

### International Medical Congress.

THE action of the American Medical Association, at their late meeting in New Orleans, in resolving that the Committee appointed by the American Medical Association "to arrange for the meeting of the International Medical Congress in 1887 be enlarged by the addition of members from the Association, one from each State and Territory, and from the Army and Navy, and Marine Hospital Service, and the District of Columbia, to be elected by their respective delegations, and that the members from the States or Territories not represented at this meeting be appointed by the present presiding officer, Dr. J. S. Lynch, of Baltimore, First Vice-President, and that the Committee, thus enlarged, shall proceed to review, alter, and amend the action of the present Committee as they may deem best," has evoked considerable comment among the profession throughout the country. The medical journals, that have been published since the adjournment of the Association, generally express their opinions *pro* or *con*, as the inclination of their conductors prompt them, in a spirit of fairness which is very commendable. Occasionally a harsh expression or sneering innuendo is indulged in, but as such writing effects little it is of no consequence. The whole thing may be explained in a nutshell, and why there should be any dissension created we cannot understand. It is simply this: The Committee of Arrangements, appointed at the meeting of 1884, led away by an excess of zeal, considerably exceeded their power, and did that which the appointing power was not willing to ratify, and the latter, in order more fully to carry out the views of the Association, enlarged the Committee, and thus enlarged, they were granted plenary power to do all that was requisite in the premises.

In order to sustain this view of the case we give the resolutions appointing the Committee adopted at the annual meeting held in Washing in 1884. They are as follows:—

*Resolved*, 1. That a committee of seven, of which Dr. Austin Flint, the President of this Association, shall be a member, shall be appointed by the President.

2. It shall be the duty of this Committee to extend in behalf of the medical profession of the United States to the International Medical Congress, about to meet at Copenhagen, a cordial invitation to have the next International Medical Congress meet at Washington, D. C., in 1887.

3. That the Committee shall elect its own officers, and that, in case the invitation is accepted, it shall proceed to act as an Executive Committee, with full power to fix the time and to make all necessary and suitable arrangements for the meeting of such Congress, and to solicit funds for this purpose.

4. That the Committee shall have power to add to its membership, to perfect its organization, and that to meet the preliminary expenses of printing, postage, etc., the chairman of this Committee is authorized to draw upon the Treasurer of this Association for an amount not exceeding four hundred dollars.

From the foregoing resolutions it will be seen that they were restricted to inviting the Congress to hold their next meeting at Washington, D. C., to elect their own officers, "to act as an executive committee, with full power to fix the time and to make all necessary and suitable arrangements for the meeting of such Congress, and to solicit funds for this purpose," etc., but nowhere is the power given them to proceed to the length that they have, and herein consists their first mistake, in assuming authority which they did not possess.

Another mistake was that of the Committee ignoring the presence of a portion of the representatives of the American Medical Association at Copenhagen, neither advising nor consulting with them, but, on the contrary, taking upon themselves to placate the gentlemen representing the new Code of Ethics, of whom it may be said, as it was an open secret, that if their society were not distinctively represented in the various sections, they were determined to use their best endeavors to prevent

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the assemblage of the Congress in this country. The sequel has proved that they were handsomely appeased; but the members of the Committee must have forgotten the resolutions with regard to the New Code passed at St. Paul. At least we hope they did.

Again, the Committee in endeavoring to perfect the whole machinery for the governing of the Congress, confined their selection of the greater part of the officers to the Eastern portion of the country, as if there were not representative men in every State and Territory, who possess the confidence and esteem of the people among whom they dwell, and who honor any assemblage in which they may make their appearance. The North, South, East, and West should have been equally represented, and not one section of the land heavily weighted at the expense of the others.

It is scarcely worth while to multiply other reasons for the dissatisfaction shown so plainly by the large majority of the members as exhibited at New Orleans, for they are patent to every unprejudiced observer; but let us hope that the Committee as now formed will endeavor to do justice to all sections, push the matter forward to a triumphant success, and thereby allay all small jealousies and petty squabbles, doing that which is right because it is right, and not going outside of our own body for presiding officers, to our own stultification. And now let there be peace, all working together for the common good, and show to our foreign friends that when the members of the American Medical Association tender them an invitation to visit this land of ours they will receive a glorious reception.

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## *CHOLERA.*

IN view of the possibility of an outbreak of cholera in the United States this year, too much attention cannot be paid to measures of prophylaxis. The most scrupulous cleanliness should be observed by householders as well as municipalities. Every collection of decomposing animal or vegetable matter must be regarded as a nidus for the dread disease, and promptly removed. Attics and cellars, as well as outhouses, should be purified by the liberal use of whitewash and chloride of lime. Especial attention ought to be paid to the source of water for drinking and cooking purposes. Suspicious wells should be abandoned, and the water used for drinking, no matter from where derived, should be boiled before being used. Forty drops of dilute sulphuric acid should be added to each quart, after cooling, as an additional precaution. All unripe fruits and tainted vegetables must be avoided as a matter of course, but the diet need not be restricted otherwise. Reliance upon the daily use of stimulants as a means of prevention cannot be too strongly condemned. Experience has everywhere shown the futility of this idea, and demonstrated that those who follow it are least able to bear the brunt of the disease.

All authorities agree in declaring that success in the treatment of cholera depends upon the promptness with which the preliminary diarrhœa is checked. The pre-eminent value of sulphuric acid and opium in this stage is universally recognized. The treatment of the later stages of the choleraic paroxysm which is recommended by therapeutists so distinguished as Bartholow and DaCosta, and that which is indorsed by Dr. Grant, of Cairo, will be found in another part of THE BULLETIN. The ingenious method proposed by Dr. Alexander Harkin, of Belfast, is also deserving of earnest consideration, and may be employed in every case, as it does not conflict with internal medication. Dr. Harkin has long been known as an original thinker, and a distinguished clinician. The many valuable additions made by him to our resources are based upon sound physiological and therapeutical premises. The method which he now suggests of antagonizing the choleraic spasm by applying counter-stimulation to the pneumogastric is brilliant in conception, and physiologically correct. It has yielded remarkable results in his hands in the treatment of cholera infantum and cholera morbus. As these affections differ from Asiatic cholera in degree rather than in kind, there is reason to believe that it will be of similar benefit in the latter disease. If further observation establish the truth of this belief, Dr. Harkin will be famous forever as a benefactor of mankind.

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## MERCURIC BICHLORIDE.

MERCURIC BICHLORIDE is one of the most potent remedies in the materia medica It is the most soluble of the mercurial preparations, and therefore the most active. It dissolves in two parts of boiling water, or sixteen parts at the common temperature. It is also soluble in three parts of alcohol or four parts of ether. When long exposed to sunlight its aqueous solution is decomposed by the formation of hydrochloric acid and the precipitation of calomel. This action is hastened by the presence of phosphorous or sulphurous acids, and prevented by the presence of the chlorides of sodium or ammonium, or free hydrochloric acid. A small amount of chloride of sodium given in combination will also assist in its absorption. Notwithstanding the ready solubility of mercuric bichloride, it is probable that a double decomposition takes place in the stomach and intestines, by which the albuminate of mercury is formed and held in suspension by means of the alkaline chlorides until absorption is completed. A portion of the liberated chlorine unites with the soda and potash of the food to form soluble chlorides which enter into the formation of the various tissues. The remainder of the chlorine combines with the oxygen present to form chloric acid and chlorates which ultimately diffuse into the blood and increase its alkalinity. It is probable that in this series of changes will be found an explanation of the effects produced by the internal administration of the bichloride, in contradistinction to those produced by the other mercurials.

Like all the preparations of mercury, it diminishes the fibrin and albumen of the blood, and increases the products of waste from every tissue. In small quantities it, however, actually increases the number of red corpuscles, and improves the quality of the blood. Experience has shown that syphilitic patients rapidly improve in health and color under its use, while those to whom other mercurials are given become weak and anæmic. It is incomparably the best remedy for secondary and infantile syphilis. In tertiary syphilis it sometimes effects a cure when every other drug has failed. Its use, however, is not limited to syphilitic affections. As it is a blood-tonic, in small doses it is an efficient agent in various strumous affections. The dose in these cases should not exceed gr. $\frac{1}{24}$, thrice daily, in a bitter tonic. Similar doses long continued retard the growth and lessen the pain of internal carcinoma. Eczema, psoriasis, acne, pityriasis, and other skin diseases, due to an impoverished state of the blood, are remarkably benefited by the following prescription:—

℞. Hydrarg. bichlor. . . gr. j.
Tinct. cinchonæ comp. . ʒiv.
M. Sig.—One teaspoonful in water before meals.

The bichloride has also been used with advantage in acute and chronic hydrocephalus, in chronic endarteritis, and in metrorrhagia due to subinvolution. Its value cannot be overestimated in all low forms of inflammation attended by a hyperplasia of the connective tissue. In sclerosis of the liver, interstitial nephritis, posterior spinal sclerosis, and allied diseases, it has yielded results that could not be obtained from any other plan of treatment. It is an efficient remedy in gastric ulcer, and in some cases of chronic gastric catarrh. It is of especial value in the plastic stage of pleuritis, pericarditis, peritonitis, and other serous inflammations, and in the latter stages of pneumonia. It limits the exudation process in these diseases, and prevents the solidification and hastens the absorption of the products of inflammation.

Externally, it is an excellent application in the various parasitic skin affections. As dangerous symptoms have resulted from its too prolonged contact with even the unbroken skin, a solution of a greater strength than 1 to 500 should rarely be ordered. A lotion of one grain to an ounce of rosewater is an agreeable and efficacious prescription for scabies, phtheiriasis, and tinea versicolor. Pruritus vulvæ and ani, which are so frequently due to the irritation of a vegetable organism, will often be relieved by a similar application. Acne, lichen ruber, and chronic eczema are remarkably benefited by a weak sublimate ointment. Favus and tinea tonsurans require a stronger application. Injections of bichloride have been used in gonorrhœa with the hope of destroying the specific bacteria of that disease. As was to be expected, the desired result was not obtained.

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The bacillus of gonorrhœa has not been demonstrated, and all irritant injections are harmful in the acute stage. In chronic gonorrhœa and gleet, and in obstinate leucorrhœa, however, the bichloride is a useful agent, and often effects a prompt cure. Its value as an antiseptic in surgery is everywhere recognized, but its danger when used recklessly must not be overlooked. The hypodermatic administration of the bichloride is the most rapid and effective method of eradicating the syphilitic virus from the system, and is rarely followed by a relapse or any other unpleasant result.

## *THE COMMUNICABILITY OF PHTHISIS.*

DR. W. H. WEBB, of this city, recently read a thoughtful and valuable paper before the College of Physicians upon the contagiousness of phthisis. The belief in the communicability of this disease, which has been always more or less prevalent, received fresh impetus when Koch announced the discovery of the bacillus of tubercle. Since then numbers of cases have been adduced in support of and in opposition to this view, but the weight of clinical evidence, as well as of scientific research is confirmative of its truth.

Dr. Webb's scholarly investigations show that medical knowledge in relation to this important subject has been steadily progressive, and that what now seem to be proven facts, have been anticipated by flashes of truth in almost every epoch of medical history. The discovery of the tubercle-bacillus was not drawn from the inspiration of genius, but from the patient shaping of clinical facts gathered from the time of the Father of Medicine until the day that Koch discovered a peculiar microbe in tuberculous sputa. As a result of the researches and experiments made by Koch, he declared his belief that "Tuberculosis is a specific, infectious disease, caused by a specific micro-organism—the bacillus tuberculosis—which constitutes, in fact, the true tubercle virus." This statement is one of the most far-reaching in its import in the history of medicine.

Theoretical objections were immediately raised against its acceptance, but the tubercle-bacillus is an undeniable fact; all, with the same facilities, may see what Koch and others have seen. It is the one thing tangible, describable, known by its peculiarities among entities as readily as one individual is known from another. To doubt its existence in tuberculosis, is to doubt the utility of scientific medical research, and to abandon further progress to the unstable dreams of theorists. The sputa of the phthisical contain these germs; the air they exhale is loaded with them or their spores, and their introduction into the system of animals will always produce tuberculosis, while nothing else will. Dr. Webb on several occasions examined specimens of air taken from crowded churches and theatres, and invariably found numbers of the tubercle-bacilli present. Furthermore, clinical observations prove conclusively, that healthy individuals, living in an atmosphere contaminated by the phthisical will contract this disease, and not any other which might be due to a lowered vitality, from breathing vitiated air.

# MEDICAL NEWS AND MISCELLANY.

DR. JOHN D. MERCUR has removed to 726 South Broad Street.

DR. EDWARD JACKSON has located at 215 South Seventeenth Street.

DR. C. SUMNER WITHERSTINE has removed to 4603 Germantown Avenue.

THE AMERICAN NEUROLOGICAL ASSOCIATION will meet in New York on June 17th.

DR. E. F. HODGES, of Indianapolis, has been appointed to the Chair of Pathology in the Medical College of Indiana.

WE notice with regret the death of Dr. Henry G. Houston, of Richmond, Va., editor of the Atlantic Journal of Medicine.

PROFESSOR PANUM, the distinguished President of the International Medical Congress of 1884, died in Copenhagen on May 3d.

PROFESSOR R. L. REA has resigned the Chair of Principles and Practice of Surgery and Clinical Surgery at the College of Physicians in Chicago.

DR. WILLIAM MURRELL has received the annual prize of the Paris Academy of Medicine, for his demonstration of the value of nitro-glycerine in angina pectoris.

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DR. BENJAMIN LEE gave a brilliant reception on May 7th to Dr. Fordyce Barker. Many prominent physicians of this city, New York, and Baltimore were present.

DR. BENJAMIN LEE has removed his offices and hall for remedial exercise and massage to No. 313 South Fifteenth Street. He continues to reside on Manheim Street, opposite McKean Avenue, Germantown.

BACK NUMBERS OF THE MEDICAL BULLETIN WANTED.—The publishers of THE MEDICAL BULLETIN want a number of copies of the journal for January, 1885. Any subscriber sending us that number will have his subscription advanced two months, and all others sending us eighty cents and a copy of the journal of the January, 1885, issue, will receive THE MEDICAL BULLETIN for one year.

JEFFERSON MEDICAL COLLEGE.—Dr. J. W. Holland has been elected to the Chair of Chemistry, which was made vacant by the resignation of Professor J. W. Mallet. Dr. Holland occupied the Chair of Materia Medica and Therapeutics in the University of Louisville for a number of years, where he won a brilliant reputation as an accomplished lecturer and a successful teacher. Dr. Holland graduated from Jefferson Medical College in 1868.

DR. A. L. GIHON, Medical Director U. S. Navy, delivered a lecture at Association Hall, April 18th, on "Sanitary Ignorance Among the High and Low." The lecture which was under the auspices of the Committee on Hygiene of the County Medical Society, was replete with wise suggestions and invaluable information. After the lecture a reception was given in honor of the distinguished orator and sanitarian by Dr. J. V. Shoemaker, at his residence, 1031 Walnut Street.

THE ANNALS OF SURGERY, a monthly Review of Surgical Science and Practice, is the title of the latest competitor for professional favor. It is published by Messrs. J. H. Chambers & Co., of St. Louis, Mo., and edited by L. S. Pilcher, A.M., M.D., New York, C. B. Keetley, F.R.C.S., London, assisted by a large corps of distinguished collaborators. It is the only journal in the English language devoted exclusively to surgery, and as such will be almost indispensable to the working surgeon.

PENNSYLVANIA STATE MEDICAL SOCIETY.—The thirty-sixth annual meeting of the Pennsylvania State Medical Society was held in Scranton, on May 27th, 28th, and 29th. The Address in Surgery was delivered by Dr. E. A. Wood, of Pittsburgh; in Obstetrics, by Dr. C. A. Rahter, of Harrisburg; in Hygiene, by Dr. J. G. Richardson, of Philadelphia; in Psychiatry, by Dr. S. S. Schultz, of Danville; in Medicine, by Dr. E. T. Bruen, of Philadelphia; and in Otology, by Dr. Charles S. Turnbull, of Philadelphia.

DR. F. E. STEWART, of this city, was married to Miss M. Ida Seidel, of Wilmington, Delaware, at the house of the bride's parents, in that city, March 17th. The wedding was a very enjoyable and brilliant affair, guests from New York, Philadelphia, and Wilmington, uniting in the festivities of the occasion. The beauty of the floral decorations was a subject of universal remark, the ceremony being performed in a bower of living plants in flower. A large mirror was so arranged in this bower that its reflection gave a most pleasing illusion of cooling shades beyond, and added much to the general effect of the scene. The bride was dressed in white corded satin, trimmed with point Venice lace and lilies of the valley. The ceremony was performed by Rev. William Aikman, D.D., of Atlantic City, N. J., and Rev. J. H. Nixon, D.D., of Wilmington. Mr. L. A. Chandler, of New York City, was best man, and the ushers were Mr. L. Ferris, of Wilmington, and Mr. W. H. Seidel, brother of the bride, of New York.

GAILLARD'S MEDICAL JOURNAL.—Under the watchful care of the late distinguished Dr. E. S. Gaillard, this journal attained the proud position of being second to none as a representative of American Medicine and Surgery. The multitude of friends who watched its growth and development with unabated interest, were alike pleased and surprised at its increasing usefulness and uninterrupted success. Recently its distinguished founder died, leaving to his wife and children as their legacy the crowning work of a life devoted to medical research—Gaillard's Medical Journal. Since then it has given us unalloyed pleasure to note that the progress of the journal, though deprived of the inestimable value of Dr. Gaillard's guiding hand, is still upward and onward. We feel confident that with its young and brilliant editor, Dr. P. Brynberg Porter, aided by such eminent gentlemen as Drs. T. Gaillard Thomas, W. T. Lusk, Bryson Delavan, and George T. Harrison, of New York, Hunter McGuire, of Virginia, and Claudius H. Maston, of Alabama, nothing but continued success will attend its publication.

AMERICAN SURGICAL ASSOCIATION.—The annual session of this Association was held in Washington, April 21st, 22d, 23d, and 24th. The president's address was delivered by Dr. William T. Briggs, of Nashville, after which the following papers were read:—

"A Device for the Purification of the Air of Rooms used for Operations," by Dr. David Prince, of Jacksonville, Illinois.

"The Field and Limitation of the Operative

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Surgery of the Human Brain," by Dr. John B. Roberts, of Philadelphia.

"Nephrectomy, its Indications and Contra-Indications," by Dr. S. W. Gross, of Philadelphia.

"Nephrolithotomy," by Dr. L. McLane Tiffany, of Baltimore.

"The Healing of Arteries after Ligation," by Dr. J. Collins Warren, of Boston.

"The Etiology of Tetanus," by Dr. P. S. Conner, of Cincinnati.

"Some Points in the Surgery of the Hypertrophied Prostate," by Dr. J. W. S. Gouley, of New York.

"An Experimental and Clinical Study of Air-Embolism," by Dr. N. Senn, of Milwaukee.

"Phosphorus Necrosis of the Jaws," by Dr. J. Ewing Mears, of Philadelphia.

The officers for the ensuing year are: President, Dr. Moses Gunn, of Chicago; Vice-Presidents, Dr. Christopher and Dr. Thomas P. Russel, of Baltimore; Secretary, Dr. J. R. Weist, of Richmond, Ind.; Recorder, Dr. J. Ewing Mears, of Philadelphia; Treasurer, Dr. J. H. Brinton, of Philadelphia. Dr. L. McLane Tiffany, of Baltimore, was added to the Council.

AMERICAN MEDICAL ASSOCIATION. — The thirty-sixth annual meeting of the American Medical Association was held in New Orleans on April 28th, 29th, 30th, and May 1st. The address of welcome was made by Dr. Samuel Logan. The President's Address was delivered by Dr. Henry F. Campbell, of Augusta, Ga., during which he referred to the value of the work performed by the Association. He also dwelt upon the importance of every effort being made to secure appropriate sanitary legislation in the various States, and recommended in conclusion that a committee be appointed for the purpose of reëstablishing the section in Forensic Medicine.

On motion, a vote of thanks was extended to the President, and Drs. Isaac N. Quimby, of New Jersey; X. C. Scott, of Ohio; F. E. Daniel, of Texas; J. V. Shoemaker, of Pennsylvania; and Eugene Foster, and H. F. Campbell, of Georgia, were appointed a committee to consider that portion of the address relating to the section in Forensic Medicine.

*Section of Practical Medicine.*—The Address in Medicine was delivered by the chairman, Dr. H. D. Didama, of Syracuse, N. Y. Among the other papers read in this section were: "On Carbuncle," by Dr. H. D. Bulkley, of New York; "The Percuteur," by Dr. A. F. Patte, of Boston; "Hydatid Tumors," by Dr. R. Harvey Reed, of Mansfield, Ohio; "An Attempt at the Radical Treatment of Tuberculosis," by Dr. James F. Whittaker, of Cincinnati, Ohio; and "The Hypodermatic Injection of Oils and Fats," by Dr. J. V. Shoemaker, of Philadelphia. Dr. W. C. Van Bibber, of Baltimore, read a paper on "Peninsular and Sub-Peninsular Air and Climate."

*Section on Surgery and Anatomy.*—The Address in Surgery was delivered by the chairman, Dr. Duncan Eve, of Nashville, Tenn., after which the following papers were read: "False Doctrines in the Treatment of Fractures," by Dr. John B. Roberts, of Philadelphia; "The Treatment of Compound Fractures by Free Drainage and Wiring of Bones," by Dr. Virity, of Illinois; "Do we Find from Micro-Organisms in Inclosed Cavities a hitherto Unsuspected Danger to Surgical Lesions?" by Dr. H. O. Marcy, of Massachusetts; "The Surgical Treatment of Cysts of the Pancreas," by Dr. Senn, of Milwaukee; "Two Ovariotomies on the same Patient," by Dr. Ransohoff, of Cincinnati; "Giant Growth of the Lower Extremities;" "Case of Necrosis of Tibia and Fibula of Ten Years' Duration, Operation and Recovery," by Dr. R. H. Jenkins, of Georgia; "Colo-Proctitis treated by Hot-Water Douche and Stretching or Division of the Sphincter Ani," by Dr. A. T. Garnett, of Washington; "A New Combined Trocar and Canula, and Aspirating Needle," by Dr. H. L. Getz, of Iowa; "Fibroma of the Scalp," by Dr. Owens.

*Section on Obstetrics and Diseases of Women.*—The Address in Obstetrics was delivered by Dr. R. S. Sutton, of Pittsburgh. The papers presented in this section were "The Treatment of the Secundines in Abortion and Labor," by Dr. William H. Wathen, of Louisville, Ky.; "Parametric Abscess," by Dr. W. W. Potter, of Buffalo; "Chronic Peri-Uterine Abscess; its Treatment by Laparotomy," by Dr. C. Fenger, of Chicago; "How soon after Exposure to Sepsis may the Accoucher resume Practice," by Dr. George French, of Minneapolis; "Abdominal Tumor," by Dr. J. A. T. Payne, of Galveston, Texas; "The Multiple Speculum Uteri and an Improved Dressing Forceps," by Dr. Munn, of Savannah; "The Improved Technique in Gynæcological Operations, Minor and Major," by Dr. J. Englemann, of St. Louis; "Speculi," by Dr. Henry O. Marcy, of Boston; "The Role of Bacteria," by Dr. Henry O. Marcy; "Vaginal Hysterectomy for Cancer," by Dr. A. Reeves Jackson, of Chicago; "Emmet's Operation—When Shall it and When Shall it not be Performed?" by Dr. E. Zink, of Cincinnati; "Reasons for and Results of some Cases of Tait's Operation," by Dr. Gordon, of Maine; "Intra-Peritoneal Adhesions in Relation to Tait's or Battey's Operation," by Dr. B. G. Heard, San Antonio, Texas; "Notes on Surgical Gynæcology in the Berlin Clinics," by Dr. Horatio Bigelow, of Washington; "The Ring of Bandl," by Dr. W. A. Jaggard, of Chicago.

The Address in "Opthalmology" was read by Dr. J. A. White, of Richmond, and the Address

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on "Diseases of Children," by Dr. J. H. Pope, of Texas.

A number of reports were received and approved by the Association during its session, among which were a report of the life and services of the late Professor Gross, by Dr. J. G. Richardson, of Philadelphia.

A report from the Committee to secure a Congressional Appropriation for a Fire-proof Building for the Army Medical Museum and Library, by Dr. J. S. Billings, U.S.A., in behalf of Dr. Austin Flint, chairman of the Committee.

Reports from the Committee on Meteorology; the Committee on the Collective Investigation of Diseases, and the Special Committee on the Code of Ethics, by Dr. N. S. Davis.

A report from the Rush Memorial Committee, Dr. A. L Gihon, U.S.N., Chairman, and the report of the Committee on Publication, by Dr. J. M. Toner.

*The unauthorized and precipitate action of the committee which was appointed to issue the invitation for the Ninth International Medical Congress, was justly regarded as an unprecedented usurpation of power on the part of the committee, as well as a violation of the rights of the Association.* The presentation of their report, therefore, gave rise to an animated discussion, which was participated in by Drs. Keller, of Arkansas; J. S. Billings, U.S.A.; Willis P. King, of Missouri; F. E. Daniel and H. C. Ghent, of Texas; Beverly Cole, of California; D. D. Sanders, of Tennessee; A. R. Smart, of Michigan; and John B. Roberts, and J. V. Shoemaker, of Philadelphia.

Dr. Daniel offered a resolution that the Committee on Nominations be instructed to nominate a president and other officers for the approaching International Medical Congress.

Dr. Quimby said it was a matter involving serious principles; the committee had gone beyond their authority from the Association in assuming executive and legislative functions.

Dr. Keller offered as a substitute for Dr. Daniel's resolution, a motion that the President of the Association should appoint a committee consisting of thirty-eight members, representing the army, the navy, the marine-hospital service, the District of Columbia, and the Territories (to be nominated by State delegations); this committee to meet the original committee, to review, alter, and amend the latter's action as it might deem best.

Dr. Cole seconded Dr. Keller's substitute.

Dr. Sanders moved that the committee's work be indorsed, with the proviso that they leave out the New-Code men. Dr. Billings had previously said that no bargain had been made with the New-Code men.

Dr. Roberts spoke in favor of Dr. Sanders's resolution.

Dr. Smart said that the committee had undoubtedly exceeded its authority. He suggested that each State should make its own nominations, as was aimed at in Dr. Keller's motion.

Dr. Sanders's resolution was lost by a vote of eighty-eight to one hundred and twenty-nine.

Dr. Keller's substitute was then put and carried, by a vote of one hundred and thirty-one to ninety-two.

The next meeting of the Association will be held in St. Louis, on the first Tuesday of May, 1886, and continue during the following three days.

The officers for the ensuing year are: President, William Brodie, of Michigan; First Vice-President, Samuel Logan, of Louisiana; Second Vice-President, A. Y. P. Garnett, of the District of Columbia; Third Vice-President, Charles Alexander, of Wisconsin; Fourth Vice-President, G. W. Peck, of Iowa; Permanent Secretary, W. B. Atkinson, of Pennsylvania; Assistant Secretary and Treasurer, R. J. Dunglison; Librarian, C. H. A. Kleinschmidt, District of Columbia.

For Officers of Sections—Practice of Medicine: Chairman, J. T. Whitaker, of Ohio; Secretary, B. L. Coleman, of Kentucky. Obstetrics and Diseases of Women: Chairman, S. C. Gordon, of Maine; Secretary, J. F. Y. Paine, of Texas. Surgery and Anatomy: Chairman, N. Senn, of Wisconsin; Secretary, H. M. Mudd, of Missouri. Ophthalmology, Otology, and Laryngology: Chairman, Eugene Smith, of Michigan; Secretary, J. Fulton, of Minnesota. Diseases of Women and Children: Chairman, W. D. Hazzard, of Tennessee; Secretary, W. B. Lawrence, of Arkansas. Oral and Dental Surgery: Chairman, J. Marshall, of Illinois; Secretary, A. E. Baldwin, of Illinois. State Medicine: Chairman, J. H. Rauch, of Illinois; Secretary, F. E. Daniel, of Texas. Committee on Necrology: J. M. Toner, of the District of Columbia. Judicial Council: R. A. Kinloch, of South Carolina; D. D. Sanders, of Tennessee; T. G. Richardson, of Louisiana; G. A. Ketchum, of Alabama; George Beard, of West Virginia; J. M. Toner, of the District of Columbia; and A. M. Pollock, of Pennsylvania.

Dr. Morris H. Henry, of New York, was appointed delegate to the British Medical Association.

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In a recent novel a young lady falls down a precipice and is supposed to be dead, but her companion (a young gentleman) announces her to still live, having felt pulsation in her *femoral* artery. A candidate for medical honors also declares in her examination paper that "Bleeding from the nose is neither Venus nor Artillery—it is Caterpillary."

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## *REPORT OF INTERESTING CASES*
TREATED AT
## *THE SURGICAL INSTITUTE,*
NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from last number)

SOMETHING may be done in cases of infantile paralysis by efforts to recall the affected parts "to a sense of their duty," by means of properly regulated exercises and massage—methods of treatment that have long been known and used and that are of some utility in fostering and aiding the repeated efforts which nature seems to make—with varying degrees of success—to reëstablish the lost vitality of the affected parts. But the best efforts by these measures alone, will usually be productive of a very limited degree of success. The enfeebled, cold, and withered limb, characteristic of infantile paralysis, requires much more than active massage to restore the circulation and increase the amount of blood going to the paralyzed parts. This is accomplished at the Institute by means of a very valuable and important modification of the old Junod or "vacuum boot." (Fig. 6.) The modification here represented consists of a double chamber, one surrounding the other; into the outer chamber steam can be passed so as to raise it to any required temperature; from the inner chamber the air can be exhausted so as to create a partial vacuum. This apparatus is absolutely indispensable in the treatment of infantile and allied cases of local paralysis. The enfeebled, cold, and paralyzed limb (arm or leg as the case may be), is placed in the inner chamber of the apparatus, and the steam let into the outer chamber so as to elevate the temperature to about 108° or 110° F. After the limb is thus thoroughly warmed, the air is partially exhausted from the inner chamber. This requires judgment and delicate management. The atmospheric pressure removed should be just enough, and be continued just long enough, to cause a complete flushing and active congestion of the capillaries, great care being taken to avoid anything like a livid or cupping-glass-like congestion of the limb. After a satisfactory tendency of blood to the part has been secured, the limb is removed, manipulated and kneaded by massage-machinery described in Fig. 2, or passively exercised on the shaking apparatus, Fig. 7. By systematic perseverance in this treatment, the limb grows firmer and stronger, very often resulting in the reëstablishment of the lost power and the functional activity of the part, even in cases that have hitherto been generally considered as quite without the pale of medical or surgical assistance. Chronic, obstinate, and intractable uterine engorgements are also often found to yield to a similar course of treatment. The daily systematic diversion of blood to both lower limbs, produced by the vacuum treatment just described, followed by properly regulated exercises and massage, will often relieve uterine and pelvic engorgements after every device of local treatment has failed.

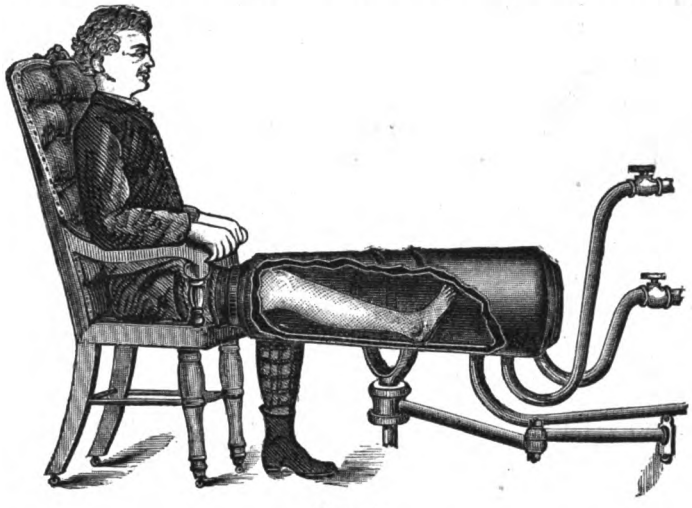

FIG. 6.

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Fig. 7 represents an apparatus for giving an active, shaking exercise to the limbs. It is intended to do the work of, and is greatly superior to, the oscillating Swedish movement machine. The foot-rest, *B*, is moved very rapidly by a crank motion on one end and a spring suspension on the other. When set in motion the feet and limbs are actively jostled, so that a full equivalent for active exercise is obtained, the capillary circulation in the muscles being especially stimulated. The same condition is brought about by a similar movement of the hand-rest *A*.

The exercise thus afforded is entirely passive so far as any personal effort or expenditure of nerve-force is required of the patient, but it is fully equivalent to active exercise, so far as its effects on the parts exercised are concerned. It is very useful for a large class of paralytic cases, and especially so in connection with the vacuum treatment just described, Fig. 6. Dyspeptics, and individuals with torpid circulation, cold feet, cold limbs, etc., are also almost invariably relieved by using this machine.

The cases of paralysis, particularly of the infantile variety, that have been greatly benefited by the method of treatment here described, are numbered by the hundreds. We have only space for one or two, which are typical, and are not more favorable than the average in the results obtained :—

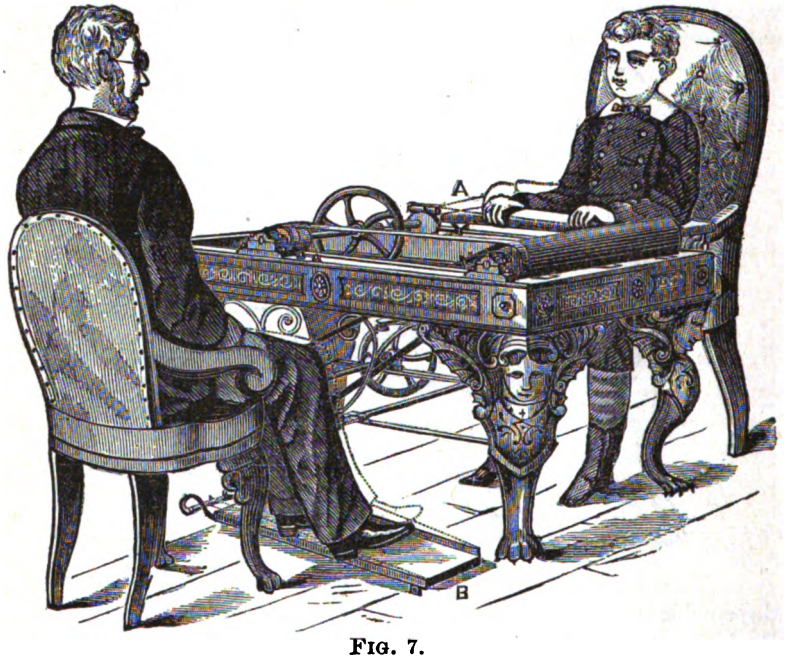


FIG. 7.

K., a male child, æt. 3 years, was brought to the Institute suffering from infantile palsy, which had occurred suddenly during dentition two years previously. Both legs were withered, cold, and utterly powerless. The gastrocnemius muscle, however, seemed to have sufficient vitality left to remain in a state of permanent contraction sufficient to retract the heel and produce mild *talipes equinus*. The child had never made an attempt to stand, nor could it even occupy a sitting posture without some prop or support. The arms also were greatly affected, though a good power to grasp remained. The general health and intellect seemed remarkably good for one otherwise so generally powerless. The vacuum treatment, combined with proper exercise and massage, was persevered in for twelve months with the most gratifying results. The cold and lifeless limbs soon began to be habitually warmer, the circulation rapidly improved, and with these favorable changes growth, development, and solidifying of the flesh occurred, till ultimately sufficient power returned to enable the child to stand entirely alone, and now with the usual method of brace supports it can locomote actively on crutches, and will ultimately (if treatment be continued) be able to walk satisfactorily.

Another case: Female child, two years of age, was brought to the Institute with complete infantile paralysis of the left leg, and only partial power of muscles of the thigh of right leg, the muscles below the knee being completely paralyzed. The hands and arms were strong and well developed. The child's method of locomotion was to drag herself along on the hands and abdomen. This condition of things had existed without any improvement for a full year. During a period of six months the vacuum treatment was regularly used, combined with passive exercise and massage. The right leg rapidly manifested an improved circulation and development, soon regaining sufficient power to enable her to locomote rapidly on crutches. The left leg more slowly, yet steadily improved, until now, at the end of twelve months, she can walk pretty well, using only a set of well adjusted brace supports for the legs.

[To be continued.]

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## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Surgeon to Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Surgeon to Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. William F. Coleman, the oculist, from St. John, N. B., after staying here a few months, has moved to Chicago.

Dr. F. West, late of University Hospital, has located at 209 West Lombard Street. Dr. Joseph T. Hering has settled at Westminster.

Several of our recent graduates had made their plans to see some military surgery in the English army, in the expected war with Russia. They are now, however, thinking of other things. Among these, Dr. E. P. Turner has opened an office at 205 West Lombard Street.

The City Council has passed an ordinance, which the mayor has signified his intention of approving, to sell the City Spring lot to the College of Physicians and Surgeons. The agreement being that the college is to build, equip, and maintain a morgue. The lot adjoins the college building on the north side.

The third annual commencement of the Woman's Medical College, of Baltimore, was held May 1st, and diplomas were conferred on the following graduates: M. Laura Ewing, of Maryland: Alice S. Parkhurst, of Maryland; Clara Steinbrenner, of Maryland; and Marie E. Thalwitzer, of Germany. The valedictory address was delivered by Professor J. Edwin Michael, of this city. The degrees were conferred by Professor R. H. Thomas, of the Faculty.

The Medical and Chirurgical Faculty of Maryland met on the 12th of May, and continued in session five days. A large number of interesting and valuable papers were read. The following officers were elected: President, Dr. John R. Quinan; First Vice-President, Dr. C. E. Baldwin; Second Vice-President, Dr. J. Edwin Michael; Recording Secretary, Dr. G. L. Taneyhill; Assistant Recording Secretary, Dr. R. T. Wilson; Corresponding Secretary, Dr. T. Barton Brune; Treasurer, Dr. W. F. A. Kemp.

## OUR ADVERTISERS.

SUGGESTIONS IN REGARD TO THE USE OF MINERAL EARTH IN CUTANEOUS ERYSIPELAS.—In the treatment of cutaneous erysipelas the Mineral Earth is made into a paste with water. This paste is thoroughly mixed and made pliable by kneading it. It is then spread, with a spatula, from one-quarter to one-half inch thick over the entire surface affected with erysipelas, and then covered with cheese cloth, over which absorbent cotton and roller bandages are placed. The atmosphere is entirely excluded by the casing, and the inflamed skin soon subdued. This treatment is handy and very agreeable to the patient. It quiets the burning pain of the erysipelas, and generally limits its spread. In conjunction with the usual remedies employed internally in the treatment of this disease, it will be found not only convenient but useful as a local dressing.—*Texas Courier-Record of Medicine.*

CHOLERA INFANTUM.—On page 153, Vol. VII., of Ziemssen's "Cyclopedia of Medicine," we notice the following: "Regulation of the diet constitutes in fact the principal method of treatment of sporadic cholera, and particularly cholera infantum. When mother's milk is insufficient, Liebig's Food, or Nestlé's Lacteous Farina are *alone to be recommended.* The latter is *especially* commendable because the physiological relations of the infantile digestive organs, particularly the lack of notable salivary and pancreatic secretions, are taken into account in its fabrication; the starch contained in it having been transformed into dextrin."

Among the French specialists, Drs. Monod and Morpain have indicated Nestlé's Food specially as a product of the most wholesome character, and entirely preventive of diarrhœa and intestinal inflammation. With no desire to detract from the merits of other infant foods, we have thought it proper to indicate to the profession the above quotation from a standard work of the highest reputation, in view of the probable infantile sickness to be apprehended during the summer of 1885.

DYER'S SPECIAL CREAM BRAND.—It is said that the most *natural*, the most perfect substitute for mother's milk is *milk again*, particularly cow's milk *properly diluted* and sweetened with sugar of milk. Cow's milk in its ordinary state, however, is not properly reliable and digestible for either infants or invalids. But by the new process employed in the preparation of Dyer's Special Cream Brand, the milk is converted into the most digestible and nourishing of foods. In fact, in digestion it undergoes precisely the same changes as mother's milk; does not curd like fresh cow's milk, and cannot cause flatulence. This preparation keeps for years in any climate, yet contains no cane sugar or other additions.

EXHIBITS AT NEW ORLEANS.—Every gathering of the profession attracts a certain number of enterprising manufacturers, who display their products primarily as an advertisement for themselves, but really such exhibits of the new and elegant articles for physicians' use prove a source of much edification to the members in attendance.

Because of the ultra-conservatism of the medical profession, articles intended for its use obtain a

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firm hold among medical men only after extensive and persistent advertising, and yet in no way can a practitioner keep so well informed as to the new things being offered as by watching the advertising columns of the most widely circulating journals, and by investigating the preparations of the various manufacturers when opportunities are offered, such as were given at New Orleans.

The infusions, decoctions, and nauseous draughts of former days have been supplanted by the elegant abstracts, active principles, and palatable preparations of the present; we have parvules instead of boluses, oleates instead of crude ointments, the elegant gelatine preparations, scientifically prepared disinfectants, concentrated and nutritious infant foods, and peptonized preparations in great variety. All these, and various instruments of precision for diagnostic and therapeutical purposes have been manufactured or invented by just such firms as were represented at New Orleans, who devote their own time, money, and talents to the advancement of medical science.

Such work as above outlined, is, to say the least, collateral to strict professional work, and formerly the physician himself was called upon to perform it. Now the investigations are made, and the remedies prepared for the clinical experimentation of the physician. Each has his duty to perform, and from this co-operation and division of labor, much of the elegance in medicine has resulted.

To show more definitely the advances made in this direction, we have only to ask comparison of the articles exhibited at New Orleans with those in use several decades ago. For instance: Fairchild Brothers & Foster, made an exhibit of various preparations of the digestive ferments. They called special attention to a new product and method, by means of which they so modified cow's milk as to make it quantitatively and qualitatively a remarkably accurate imitation of mothers' milk, or, as they term it, "Humanized Milk." They practically illustrated the method of first making the quantitative mixture, and then effecting the necessary change in the albuminoids (caseine, etc.), as to render them chemically and physiologically identical with the albuminoids of human milk. This achievement is one which promises to be of incalculable benefit in the hand-feeding of infants.

Parke, Davis & Co. showed a full line of soft gelatine capsules, oleates, cocaine products, and a new line of antiseptic and disinfectant preparations, which embody the latest results of scientific research, particularly those reached by the Committee of the American Public Health Association. They presented to each physician on application a unique "disinfectant lamp." This is a small spirit lamp, charged with a fluid which, when burned, liberates and diffuses through the air a disinfectant vapor. Four different fluids are supplied for use with the lamp, which, when burned, evolve respectively chlorine, bromine, iodine, and sulphur.

Messrs. Doliber, Goodale & Co. distributed samples of MELLIN'S FOOD, a soluble, dry extract from wheat and malt, which they have carefully prepared so as to fulfil the requirements of Liebig's principles. As a food for infants and invalids, this one seems to occupy the first place, and is constantly gaining favor.

William R. Warner & Co. circulated literature in reference to their parvules, soluble pills, etc. The products of this house are too well known to the profession to need any comment further than to say that their large exhibit at the Cotton Exposition was awarded the first prize.

Reed & Carnrick did what they could to make the heat endurable by dispensing "medicated ice cream," made from their PEPTONIZED COD LIVER OIL AND MILK, and also tried to counteract the injurious effects of New Orleans catering with their ELIXIR OF LACTOPEPTINE. Both these preparations are prepared in the most palatable form.

The Lambert Pharmacal Company attracted considerable attention with its antiseptic LISTERINE, and alterative LITHIATED HYDRANGEA. The names of both these preparations indicate their uses better than any explanation we could give of them, and their popularity with the profession is the best evidence of their worth.

Tarrant & Co., sole agents for the United States of the *genuine* JOHANN HOFF'S MALT EXTRACT, refreshed the physicians with cool draughts of their liquid food. We understand that this is the only firm in America that imports the genuine article mentioned above.

The Trommer Extract of Malt Company showed the numerous compounds of malt they manufacture. We noticed it plain (for children), with hops, ferrated, with alteratives, with cod-liver oil, etc., in fact, they seem to have made it a nutritious vehicle for almost any kind of medicine.

The most important exhibits of instruments were made by "The McIntosh Galvanic and Faradic Battery Co.," and "The Jerome Kidder Manufacturing Co." The former showed the very latest improvements in microscopes, electric illumination as applied to surgery, and their combined batteries, while the latter exhibited their electrical appliances for physicians' uses.

Other minor displays were made, but the above were the most interesting and important, and all reflected credit on the exhibitors. A. L. H.

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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## ORIGINAL COMMUNICATIONS.

### *SOME MORE RECENT EXPERIENCES WITH THE TOPICAL USES OF EARTHS.*

BY ADDINELL HEWSON, A.M., M.D., PHILA.

IT is now over sixteen years since I began the study of the uses of earths as topical applications.

Those studies were at first directed to the uses of earths as *disinfectants*, and were consequent on results demonstrated long before by others. My earliest inquiries in that direction resulted in the demonstration of positive *antiseptic* properties in the same classes of (clay) earths, and with these effects I speedily detected others of an antiphlogistic, as well as of an antipyretic, and an antimorbific nature.

The range which my studies had to take was very extensive, but I never allowed that fact to interfere with the thorough manner in which I pursued them.

The first object was to make my collection of facts *pro* and *con* as complete as possible. I had to expose myself to all sorts of sneering, and of insinuations of using earths as panaceas, but if I had acted otherwise there would have been equally as much fault found for want of completeness and thoroughness in my researches.

I had also to determine by full trials the value of the various kinds of earths for my purposes. Here there were likewise sources for faultfinding which were recognized by myself, and the mode of avoiding them was as promptly determined by using only clean, yellow clay, free of all sand or grit.

In the address which I prepared and delivered by request before the Delaware County Medical Society in the autumn of 1874, I very cautiously expressed myself (then with five years' experience) of uses of earths of which (now with eleven years more recent experience) I am able to speak with the utmost positiveness, and the most perfect freedom from fear of even being gainsaid in regard to those points.

That same caution as to what I said then, now finds me with nothing to retract, but with every reason to hold to all I have published. For the like purpose I shall confine this communication to my experiences with the applications of earth in

Erysipelas and Smallpox.

Measles and Scarlet Fever.

Every one knows that these diseases are difficult to be recognized in their initiatory stages, and adding to this difficulty the blighting effects on those eruptions which have followed the use of powdered earth, every one can recognize an increased source of difficulty in my later, compared with my earlier experiences. Thus with the later cases, I was in duty bound to use the earth immediately for the relief I knew it would afford the patient, whereas, in my earliest cases, I had to hesitate, and was so afforded the time to effect my diagnosis. Then in the latter, I was called directly to take charge, whereas in the former, the mode of my seeing them was by consultation in consequence of my success with the clay having become known by that time in the neighborhood.

My more recent cases of scarlet fever and measles have often come to me in large groups from schools. The introduction of such dis-

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eases by pupils returning to school when convalescent and in a state capable of giving their disease to those who were directly associated with them, soon developed a marked contrast between those patients and mine who were not only a shorter time away, but found themselves free, when they did return, from all capability of communicating the disease.

In one of these instances of school epidemics one of the pupils had been absent between eighteen and nineteen days, and on coming back informed his teacher that he had had measles. This teacher was an old maid, who was familiar with his doctor—a homœopath—and went to see him on the afternoon of the day of the boy's return. She learned that the boy had had a very bad attack of measles, but that his medicines had cut short the disease and rendered the patient incapable of propagating it.

Ten days after this boy's return to school, my patient, who sat near him, complained of pains, sore throat, ear-ache, and cough. About three days later the eruption was well-defined, and I was called to take charge of him. His mother explained the delay in calling me by the fact that she believed he had had measles in their old home, and she felt him safe from another attack. She had her youngest child at this time at the breast, and when I spoke of isolation, she said she must be with the baby, and she would not allow any one to fill her place with the sick boy. Her mind was determined in this respect, and I gave up all discussion, with the assurance from her that she understood me, and would not censure me if anything should happen to the baby. The boy's pulse and temperature at that time indicated a decided febrile state. Reverting again to the idea that he had had both measles and scarlet fever, I sought for the symptom so much insisted on by Dr. J. M. Keating, in his communication to the College of Physicians of Philadelphia, June 7, 1872, and found it absent. For his zygomatic arch had not become effaced by the swelling as it should have been if the case was one of true measles. I directed him to use the powdered earth. On my visit the next day the swelling was reduced very positively, and there was no pain or itching. Before he reached the end of the first week his eruption had faded without full desquamation, on the contrary its appearance then favored the idea of its being a less serious disease. His baby brother was then beginning to suffer with coryza and a like group of initiatory symptoms to those which he had brought home. Yet this baby's case in its sequences made it probable that the disease in all had been nothing more than rotheln, or German measles, for his attack proved to be no protection against true measles shortly afterwards.

In all cases of these four diseases which have fallen under my care since 1872, I have without distinction used applications of clay, and following these applications, I have always noticed—

First. A direct and rapid reduction of temperature.

Secondly. An allaying, or more positively, a dissipation of pain or distressing local sensations which belong to each of these diseases.

Thirdly. A diminution of the duration which is characteristic of each.

Fourthly. The allaying of the intensity of the general or constitutional symptoms belonging to each.

Fifthly. The prevention of the complications which occur so frequently as to have long been recognized as characteristic of each special disease.

Sixthly. The destruction of all contagiousness and power of propagation of each.

In the various forms of scarlatina and rubeola, as well as German and French measles, I dust the powdered earth all over the skin.

In erysipelas and smallpox I apply the clay directly to the skin in the form of a smooth paste made by mixing it with water.

The temperature taken before the dressing was applied, has always been recognized by me as indicative of the severity of the disease, and I have always been satisfied with that taken at the end of the first twenty-four hours as showing the effects of the earth on the disease, the greater the reduction showing the greater destruction of the morbid process.

This reduction during this first period of twenty-four hours, has always been greatest in measles, next in erysipelas, scarlet fever, and last in smallpox. The change of temperature in the second period of twenty-four hours has never been found to be much, if any, save that in scarlet fever, where it was always as great as during the first period.

In the third period, erysipelas has always ranked first, then measles. Where the cases had been treated in this manner, *ab initio*, they often showed no increase over healthy temperature.

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By the end of the fourth day there was never any abnormal temperature, if the case was doing well, save in smallpox and scarlet fever, where there was a slight exacerbation of two or three degrees, lasting until desquamation was complete.

The second effect, that on pain, was always of a most marked character. The pain belonging to erysipelas, smallpox, and scarlet fever being promptly dissipated; the patient often expressing his relief as the application was being made, and usually going to sleep quickly after the dressing was completed. With measles, there being nothing but itching and distress from nasal and pharyngeal catarrh, there was not much of this effect to be looked for.

I have not, however, hesitated when acute pain showed itself in the chest, loins, or abdomen of a case of true or suspected measles, to apply the clay paste dressing directly over the parts. I have also frequently dusted the surface of the face, chest, and limbs with the powdered earth.

The fourth effect, that of allaying the general or constitutional symptoms of each, might very naturally be looked for as the result of the first and second effects.

In order to make this communication more definite, I will now give details of a case of erysipelas, and those of one of smallpox.

In February, 1873, I was called to the far West to see a very prominent member of the army, who was pronounced to be fatally ill with erysipelas of the face and head.

Two days had elapsed since the eruption first showed itself, and when I reached the patient, three days later, the disease involved all his face and scalp. He could not open his eyes on account of the depth of the swelling there. He was wild with delirium, with a temperature of 111°, and was only kept in bed by strong muscular efforts of those around him. Anodynes and stimulants had been freely given. These I directed should be discontinued, and proceeded at once to prepare the earth dressing, in the meanwhile observing the patient. I then spread prepared clay on his face and scalp to the depth of a quarter of an inch, and over the eyelids of a half-inch. By the time I had this application completed the patient was quieted, and he passed into a sound sleep, which lasted for five hours, when I awakened him that I might determine whether there was any necessity of my remaining any longer.

He awakened very promptly, and asked what his face was covered with, and on my answering him he recognized my voice, and was soon fully informed of what he had gone through. The subsidence of the swelling was marked, and the removal of the dressing was easily and quickly accomplished as a consequence. The masses covering the eyelids still held them together by means of the lashes, and on my freeing them by scissors, the patient readily opened them and recognized all around him.

I reapplied the clay, and, leaving him, came directly home. A message which arrived ahead of me, stated that he was continuing to improve. He convalesced rapidly, and was out at the end of seven days, being directed by letter to continue the earth dusting until the desquamation was completed.

Since then this gentleman has not only frequently succeeded in blighting threatened erysipelas, but likewise threatenings of gout and rheumatic arthritis with the same application.

Ten years ago I was summoned to see a prominent lawyer, in whose family I had used the earth with much satisfaction. He had been complaining for two days with fever, and a numerous eruption of well-defined pink spots congregating together in many places, especially on his face and forehead. He did not have any traces of vaccination in early life, and had never himself had that process of protection renewed. The eruption was evidently spreading, and, according to those around him, was more distinctly vesicular than the day previous, and had something of an areola at each point. I told him it looked like smallpox, and a plan of treatment must be instituted as soon as possible to prevent pitting of his face, hands, and neck. He asked me, very quietly, "Do you want to put some mud on my face?"

"Yes," said I. "Its use has always given the best results I have ever seen."

"What do other doctors do?" said he.

"They use salve, plasters, and various kinds and colors of coverings, for the purpose of excluding light and air from the surface, where the eruption is developing most rapidly."

"What one of these do *you* think the best?"

"The French emplastrum de vigo spread on thin kid."

"Well," he said, "I will talk to you again on the subject."

"Now," said I, "don't try to baffle me with the law's delay; the question must be de-

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cided before another twenty-four hours set in, or your decision will be too late for the fair use of anything."

Before I had time to speak to him on my next day's visit, he said that he had a plan to propose to me, which was to use the earth on one side of his face and the French plaster on the other. To this I promptly agreed, and, sending for some plaster, I proceeded to mix the clay. From the manner in which he talked, I was satisfied that a neighboring physician had been conversing with him on the subject, and I was pleased with such a good opportunity for demonstrating the value of my plan of treatment.

I drew a line through the centre of his forehead, nose, lips, chin, and neck to the top of his sternum. I then applied the margin of the plaster along this line, with the body of it over to the left, and by nicking and trimming I made it lie smoothly all over the left side of those parts. I then spread the clay over the other side. When I had completed this dressing, which averaged a fourth of an inch in depth, except on the eyelids, where it was over half an inch, the patient voluntarily assured me that the earth dressing was a good deal more comfortable than the plaster.

On my visit the next morning his proposal was to use only the earth dressing, it was so much more comfortable. "Ah!" said I, "that won't answer." The proposition to use the two was his own, and it was but fair to continue it. Two other effects could then be recognized, that of shrinkage of the right side, and a reduction of 5° temperature of that side.

In other cases of smallpox, when the earth dressing was alone used, this shrinkage of surface and reduction of temperature were both more marked at this stage of the disease. Shrinkage was not to be detected at all on the left side until the ninth day, whereas it seemed almost completed on the right side by the fifth day.

By the fourteenth day the shrinkage was so great, and the dressing so detached on the right, that I concluded to remove it, and did so without annoyance to the patient. There was no pitting or even unnatural tint to the skin. Desquamation followed, taking some three days for its completion. The patient now became anxious about the result on the other side. There was a strong odor there, and the plaster, though holding well, had become somewhat rolled up along its edges, showing crusts and a red tint of surface in between them. These crusts were not long in coming away, and the plaster became so loose as to allow of its being removed, and carrying all the other crusts with it during the fourth week.

Then we could easily distinguish the difference of results between the two plans, and I noted carefully that where the earth had been used there was neither swelling, unnatural coloring, nor marks of where the eruption was when we first applied the earth. Whereas, on the side on which the emplastrum de vigo had been, the pitting was abundant, not, however, very deep, but most distinct and singularly close together along the line by which I had meant to show where the two dressings came in contact, and the whole surface looked like one of a burn, where there had been deep sloughing or festering.

Finally, I met this patient on the street some weeks after I had ceased visiting him. My attention was arrested by the difference of the color of the two sides which still existed. He readily recognized my expression, and, shaking his fist in my face, exclaimed, "If I ever get you in the room of the Court of Quarter Sessions, I will give you fits!"

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## *OLEATE OF COCAINE.*

BY LAURENCE TURNBULL, M.D., PHILADELPHIA.

IN a recent article on oleate of cocaine, by Dr. Squibb, of Brooklyn (Medical News, March 7, 1885), it was stated that he prepared an oleate containing twenty-five per cent. of cocaine in an excess of oleic acid, which was just about seven times the strength of the ordinary four per cent. aqueous solution. Dr. Squibb next narrated a considerable number of experiments with the oleate of the alkaloid, experiments (reported in Ephemeris, p. 755, March, 1885) which he had employed to test the anæsthetic power of the oleate when applied to the skin.

"The conclusions thus reached," he regretted to say, "were that the hope which had been entertained that cocaine employed in this way might prove a useful anæsthetic for the skin, had been completely disappointed."

"Except for certain special applications (as the glans penis, anus, etc.), and possibly for

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the relief of trigeminal neuralgia, in which it had not been tried, the oleate of cocaine had to be pronounced a useless preparation."

In reading this we were surprised at Dr. Squibb's conclusions, considering what has been already published.* We began our experiments with (McK. & R.) oleate of cocaine five per cent. alkaloid, with a very great lack of confidence from the reports of the New York makers,† but after testing successfully in a gentleman with an acute attack of coryza, and in a case of hypertrophic catarrh and deviated septum, I was pleased with the results.

The next case was a young lady, L. T. G., aged 21, who after exposure in an open carriage, returned home with a severe supra-orbital neuralgia, passing up on the skin of the forehead and under the hair, she had resorted to all the ordinary remedies, and also to the menthol without benefit. Having to receive company, she was very desirous of relief, I therefore applied the oleate to the forehead and under the hair, and in the course of from ten to fifteen minutes the relief was so great that she was able to be up and dressed, and received her friends with no return of pain. In this and other cases, it no doubt impressed the fibres of the sensory nerves of the skin and hair follicles. A plan which causes more prompt action is to apply camphor, turpentine, chloroform, or even soap to the scarf skin before using the oleate of cocaine.

On March 23, 1885, I was called to Minnie C., aged 19, a young lady who had a molar tooth of the upper jaw extracted on February 21st, under the influence of nitrous oxide gas. The extraction was rapid and the parts much torn, with injury of the alveolar process, she suffered for three days, the pain becoming all the time more severe. The family had employed all the domestic remedies, as laudanum, etc. I at once painted the gum, on each side, with the oleate of cocaine, and then saturated a plug of cotton wool with the oleate and pressed it well into the cavity. In five minutes she informed me that she was entirely relieved of the pain, and she continued free.

Another case, Miss E. K., who was in great pain over the malar bone from acute catarrh, extending to the region of the antrum. The oleate was applied by painting the parts several times, and the relief of the pain was accomplished before she left the office. She stated she felt the benumbing influence as soon as the first application was made to the face.

CASE III.—An elderly lady, Mrs. T. L., who was suffering with lumbar neuralgia, and who had great pain over that region, extending up the spine, which was increased by every motion. Applications with friction had been made to the parts with various anodyne liniments, also painted three times with strong tincture of iodine, with no permanent relief. Before applying the oleate in her case, a small portion of chloroform was rubbed upon the skin to remove the scarf skin. The parts were then painted twice with the five per cent. oleate. She almost immediately went to sleep free from pain, and slept better than she had done for two weeks. In the morning she had the pain higher up on the spine. The application was again made on the night of the 14th, not using the chloroform at all, the epidermis being in a condition to receive the application, the patient was and is now (March 16th) entirely free from pain.

CASE IV.—Neuralgic pain in the region of the left kidney. M. A. K., aged 35, applied, suffering from a persistent pain in the left lumbar region; she had no disease of the kidney or urinary apparatus. She had, by the advice of her physician, employed various remedies, such as laxatives of castor oil with oil of turpentine, internal use of salicylate of sodium, local application of mustard, iodine, oil of wintergreen, etc. Hypodermic injection of morphia and atropia, still the pain remained. Being called in consultation (March 23, 1885), the use of the oleate of cocaine (of McK. & R.) was suggested. The scarf skin was removed by friction with chloroform, and the parts painted four times with the cocaine by means of a brush. After the four applications she began to improve, and in half an hour the pain was gone.

March 25th the pain returned in the course of about an hour, and she stated that she suffered quite as much as before the application. She had used quinia sulphas all day long, but it afforded her no relief. Thinking over my want of success, I brought to mind the recent experiments of Dr. J. V. Shoemaker with the oleates, and I refreshed my memory by reading his pamphlet, in which he states, on page 3,

* Oleate of Cocaine in Dental Surgery, by L. Turnbull, M.D., pamphlet, as an appendix to Manual of Anæsthetics, p. 33. P. Blakiston, Son & Co., 1885.

† *Op. cit.*, pp. 28–41.

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"It would appear from the foregoing experiments that the supposition that oleates were directly absorbent, and taken up by the lymphatics and conveyed into the blood is entirely erroneous, and that the oleates at no time can penetrate deeper than the epidermis and the continuation thereof into the glands and follicles. Here consists, in fact, the advantage that oleates have over ordinary ointments, in that they can enter into the minute openings of the glands and follicles, on account of being dissolved in the fatty base and vehicle, whereas in the ordinary ointment, no matter how minutely subdivided, medicating agents would be prevented from entering them. The fatty vehicle alone enters, being filtered off. All the suppositions and hypothesis setting forth how the oleates were absorbed and entered into the blood at once are fallacious, and have not been proven by practical results, the most powerful of them scarcely showing any of their physiological effects." "I know nothing better than good, fresh lard, or ointments thereof; under no circumstances, however, should ointments of the oleate be prepared by simply rubbing them up with the diluent, nor should any of them be accepted by the physician which are not perfectly homogeneous." "These oleates, as they were formerly termed, were little better than acid solutions. To say that the alkaloidal substances alone were to give force to such preparations, was to set up a theory which was opposed to our present knowledge, that two bodies entering into a true chemical combination lose their identity in forming a third at variance with its constituents." I therefore mixed with heat equal parts of ten per cent. of the oleate with fresh lard, and first washed the skin with an alkaline soap. I painted the painful part four or five times, when she stated that after five minutes the pain was gradually less, and by the end of fifteen minutes she was free, no matter what position she placed herself in. The parts were dry, and cocaine was absorbed and acted by inhibition, producing the peculiar numb sensation and some smarting.

CASE V.—Madam L. P. S., a lady of sixty-four, of somewhat rheumatic habit, and of a bilious tendency. She has suffered for some weeks with a constant spinal neuralgia, tender on pressure, with deep-seated pain. Has employed a variety of local applications of general anti-neuralgic treatment without benefit. March 26, 1885, after running in the country and fatiguing herself very much, she went to sleep on a lounge the day after with no extra covering. On awaking she attempted to turn and get off, but was unable to do so even by the aid of her husband, until she first rolled on the carpet floor, and with assistance she got on her feet. Having been sent for, I found her in bed, suffering from the pain on the slightest movement of the spine, and increased by the heat of the bed. I directed the spine rubbed with soda soap and hot water, and then dried. I then carefully painted the spine three times with a mixture of five per cent. of oleate of cocaine (McK. & R.) and pure lard oil. In five minutes the whole was absorbed by the skin, the pain gradually left not only the skin but the spine, and she has been entirely free ever since.

CASE VI.—*Neuralgia of the Face and Ear.*—M. T., aged 22, applied April 4, 1885, suffering from intense, sickening pain over the malar region extending to the superior maxillary and ear. There was no tenderness of teeth or any one tooth, but a hemorrhagic condition near the eye and in the membrana tympani. She stated that she had been using freely a quack preparation of sarsaparilla for purifying her blood, for fear of the cholera. As most of these preparations contain mercury, iodine, and iodide of potassium, I suspected it was the exciting cause, as it soon followed its use, as the young lady is careless as to dress, having but little covering over her person when about the house, and will go out with thin shoes with no overshoes.. She had employed various home remedies, but with no relief. I painted over the malar bone back to the ear and down to the jaw, with the mixture of the oleate of cocaine. It was also dropped into the ear warm. After ten minutes' gentle rubbing of the parts it was absorbed; she stated that the pain was relieved.

CASE VII.—*Neuralgia of Muscles of the Neck and Otalgia, cured by Mixture of Oleate of Cocaine.*—M. E. S., aged 20, April 15th, a young lady who was engaged in attendance in a confectioner's, and was on her feet most of the day. She has had spinal irritation for some time, but within the last month (March) and part of April, has suffered from enlargement of her tonsils and congestion of the naso-pharyngeal region. Within two weeks has had very severe attacks of pain, involving the ear and sterno-cleido mastoid

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muscles, which were very much swollen. She had been under medical treatment at one of the out-door clinics, and was directed chloroform liniment and applications to the ear, but without affording relief. She presents herself to-day in great distress, and desires, if possible, speedy relief. On introducing the ear speculum, she stated it was painful, and pressure on the parts made her cry out. I then painted the meatus and the tympani, which was very much congested, with a mixture of oleate of cocaine, and after five minutes was sufficiently under the anæsthetic to manipulate with freedom. The muscles of the neck and over the mastoid process were then painted twice and rubbed into the skin, and in fifteen minutes the pain left and the tense muscles were relaxed so she could move her head without distress. The Eustachian tubes were then opened, and an ointment of oxide of mercury ordered to paint inside the ear, while an anti-neuralgic pill was directed should the pain return at night. Reported May 3d entirely relieved.

CASE VIII.—I. B. W., aged 37. I painted a square half-inch of that portion of the arm where the skin appeared thinnest, three times (ten minute intervals) with a fifty per cent. solution of cocaine, and the surface became insensible to the prick of a lancet.

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## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

TO be sure the ichthyol-salve is in this case as little responsible for the eruption as the balsam apple was in Case XIII. If there exists any connection whatever between the local application and the skin disease, it would be that the rheumatic symptoms were the prodromatic indications of the "lichen." Chilly sensations, even rigors and vague dragging pains, indeed, frequently accompany the eruption of "lichen." The irritating inunction and its diaphoretic action are only the mediate exciting cause, and determine the first locality of the malady, and similar occasional exciting causes are often met with in the local applications of sinapisms or similar remedies. In this respect I refer to Case II., where the "lichen" appeared on the lower leg, primarily the seat of congestive eczema; or to Case VI., where the skin eruption showed itself also on the lower leg, which, for the purpose of effecting a cure for varices, had been covered by an elastic stocking. Similar occurrences have been met with in other cases, that have been mentioned in Héyuy's thesis. This author cites a case where lichen planus exactly followed the course of the vena saphena, and he also reports some others, where the lichen plaques first developed over former varices. In Case XI. of my record, I have specially drawn the attention to the fact that the lichen plaques first originated in a wound caused by scratching. It may, therefore, be acknowledged as a fact, that in "lichen" the locality of the first eruption is frequently determined by some local irritant of the skin without any *one* of these irritants, not even varices, being the real pathogenic element. As belonging to these local skin irritants, I wish to enumerate also those local and general sweats, which are so frequently met with in persons predisposed to rheumatic affections (Cases II., III., VIII., XIV). To establish any other relationship between "lichen" and the rheumatic disease seems to be untenable. A casual connection between the irritated condition and the debility of the nervous system on the one, and the "lichen" on the other hand could be assumed more readily. Cases VI., X., XII., concerned such individuals to whom the epithet of highly nervous persons might have been given at any time. To this "highly nervous state" must be added the great nervous excitement, which, in these cases, not only preceded and accompanied the skin eruption, but which also survived it for a long time. Most cases of "lichen," especially, however, those of acuminatus, bring about so great a nervous depression as is never observed in any other skin disease, psoriasis and universal eczema not excepted. From these facts I would only draw the conclusion that lichen acuminatus, obtussus, and planus may produce a nervous disturbance greatly influencing the general health of the patient, and that this disturbance is more considerable in individuals already of a nervous temperament. This morbid influence upon the nervous system may be easily explained, for in no other dermatosis, with the exception, perhaps, of prurigo, is the muscular tissue of the skin so continually in an excited state as in lichen acuminatus—a fact popularly recognized—for this skin disease is

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generally known by the name of the "red goose-flesh." For a long time a hypertrophy of the oblique muscles of the skin has been demonstrated in lichen acuminatus as a pathological condition, gradually developing in consequence of the frequent muscular contractions induced by the intolerable itching.

As the cause of this skin disease, the nervous system, therefore, cannot be considered. The mode and manner of the appearance of lichen acuminatus, that of the peripheral extension of lichen planus, the character of the affection, all these point too plainly to a probable parasitic origin, and prove the irritation of the nervous system to be a secondary symptom, directly due to the skin disease. Here, also, much must be hoped for from future methodical investigations. To enable the reader to form a judgment of "lichen ruber" I believe to have presented to him a material rich and characteristic enough, such as I obtained during the last few years in Hamburg.

"Lichen ruber" forms a group of skin diseases papular in character and of genetic connection. The papules constituting the eruption possess the following characteristic peculiarities *common to all.* They have a livid, bluish or yellowish-red tint, a hard consistence, a peculiar dryness, itch more or less, and evince a particular tenacity and long duration. They never change like the papules of eczema to vesicles or pustules; only the lichen planus occasionally suffers a metamorphosis into superficial vesicles. Three varieties of lichenous papules have to be distinguished—an acute, pointed; an obtuse, and a flat one. "Lichen ruber" is accordingly divided into lichen acuminatus, obtusus, and planus.

A "lichen" eruption shows these varieties either unmixed and pure, and then either as circumscribed or as universal exanthem, or locally, or at times two or even all three varieties of "lichen" papules combine themselves in one morbid picture, which in that case usually presents a universal skin disease.

Lichen acuminatus consists of small papules, having a diameter of from 1–1½ millimetres, being of the size of a millet or mustard seed, having a conical, pointed shape, and being covered at the point with a small, scaly, intensely itching elevation, which topographically corresponds to the orifices of the hair follicles, and which in the beginning appear as red, scaly, widely separated points on the still white skin. They increase in size, singly but not over the surface, but when the skin between them in the course of the disease, reddens, swells, and permanently thickens, they become confluent and then form large, bluish-red, moderately scaly, intensely itching plaques, *i.e.*, they disappear from view amidst the general swelling of the papillary bodies; the examining finger is enabled to feel them longer than the eye can see them. Instead of the papules, there appears on the face only a simple pityriasis; on the palmar surfaces of hands and feet, flat, transparent papules, and upon the tongue, flat, itching erosions. The last two lesions are extremely rare. Lichen acuminatus as a rule sets in acutely, often after profuse perspiration, chilly sensations, or rigors, moderate dragging pains and itching of the skin, mostly preceding the sweat. Correctly treated, lichen acuminatus may be localized and cut short; not treated, it gradually extends over the whole body, finally also attacking the face and hands. The itching is severer than in the other varieties, and stands in direct proportion to the acute development of the fresh crops, which make their appearance from time to time. While the scratching is, therefore, considerable, on account of the thickening, the hardening, and the dryness of the skin, it never leads, as is the case in eczema, to erosions and excoriations, but only to exfoliation, *i.e.*, to an increase of scales. If of several weeks' duration, and left to itself, lichen acuminatus assumes a more chronic character, the nails become diseased, the hair falls out, general emaciation ensues, and after a duration of years the individuals affected with it ultimately die, either from general marasmus or from phthisis (Hebra, sen.). Early and energetically treated this form of "lichen" offers a favorable prognosis, and may be easier and quicker removed than any other variety. The old treatment introduced by Hebra, senior, consisted in the internal administration of large doses of arsenic. But they do not evince their effect until weeks or months have elapsed, and have occasionally to be continued for years. Somewhat more rapid is the effect of Hebra's injection-cure with arsenic, but this is very painful, and as it too has to be adhered to for several months, it is rather a long procedure. The quickest and most agreeable method is the one proposed by me, the so-called carbol. sublimate inunction-cure, which causes a complete

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cure in recent cases within one week; in those of several weeks' duration, within a fortnight; in those which have lasted for months or years, within from three to four weeks; the effect is certain, and brought about without pain, and this treatment, besides, has the great advantage over the other two, that the itching, which under circumstances may be terrible, diminishes from the very first day, and soon ceases altogether. In cases where the eruption is very recent and still circumscribed, a cure may be often established by the external application alone of carbolic acid, acetate of lead, etc. The usual remedies so effectual in eczema are utterly useless in "lichen." After an established cure, the lichen acuminatus leaves the skin in a mild or strongly diffuse, rarely spotted, pigmented condition, the result depending upon the time of duration of the exanthem.

(To be continued.)

## CIRCUMCISION.

BY SAMUEL WIMPELBERG, M.D., POUGHKEEPSIE, NEW YORK.

CIRCUMCISION means the custom which exists among Semitic, African, and some American nations of cutting away a circular piece of the prepuce. Some Oriental nations perform the operation of circumcision also on the female, by removing a portion of the nymphæ, and at times the clitoris.

The Hebrews execute this rite at the eighth day after the birth of the child.

The Arabians circumcise in the thirteenth year, the Kaffirs at a later period, and so on, the different nations performing this rite at different periods of juvenility. The followers of Mohammed also believed it to be a religious ceremony commanded by God.

Several tribes in Central America are said to practice it. It is an old custom among inhabitants of Central and Northern Africa, and was adopted at one time by many nations in Asia. Herodotus refers to the fact of its being practised in so many different countries, and suggests that its use was learned from the Egyptians. Among Christians it is observed by the Abyssinians only. Apart from its original emblematic significance, circumcision is a valuable prophylactic and therapeutic agent. Its universal adoption throughout the torrid zone is probably due to a knowledge of its usefulness in this respect. It is not only of benefit as a measure of cleanliness and personal hygiene, but it is also of the first importance as a method of cure in many acute and chronic diseases.

*In Balanitis*, of the chronic and inveterate type, or where relapse constantly follows trifling causes, circumcision is a positive cure.

*In Masturbation*, where the prepuce is long and a source of irritation, circumcision may unhesitatingly be performed. It must not, however, be regarded as a preventive of, or even as a safeguard against the habit.

*The Nervous Diseases* for which circumcision may be needed are general neurasthenia, sexual exhaustion, epilepsy, and certain paralyses of children. The most rapid and brilliant reported results have been secured from it in some cases of epilepsy and paralyses of children.

It is no discredit to the established principle at the basis of these operations to say that those who expect immediate and complete relief from simply circumcision will usually be disappointed.

In combating these long standing nervous cases, surgery and medicine need to work as allies, and not singly.

In the majority of cases of nervous diseases for which circumcision has been resorted to with apparent success, the good effects have not been rapid or immediate, but slow and gradual, a process of weeks and months rather than hours and days.

*Retention of Urine* in a child, is, for the most part, due to a constricted and elongated prepuce, and circumcision should be performed.

*When Nocturnal Emissions* are due to the irritation of an elongated or constricted prepuce or of an accumulation of smegma under the prepuce, circumcision may be resorted to with advantage.

Professor Otis kindly related to me a case in a boy twelve years old, who was said to have embolism of the dorsalis penis artery; but on close inspection he found only a small opening in the prepuce (the glans penis had already commenced to ulcerate and become gangrenous). He slit up the prepuce and found a hardened mass of sebaceous matter. He then circumcised the child, removed the foreign matter, and the child made a complete recovery.

*In Phimosis*, where there is unusual tightness and elongation of the prepuce, circumcision is the proper procedure.

Phimosis may be so intense in character as

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to prevent the emission of semen, besides interfering very essentially with intercourse. In such a case, the enlargement of the penis during erection, meeting with the resistance of the narrow prepuce, causes a closure of the urethra, and the seminal fluid is not emitted till a state of flaccidity ensues. In this condition the operation of circumcision is followed by immediate and entire relief.

*In Psoriasic Ulcer* of the prepuce, which is sometimes unusually obstinate, circumcision promises an effectual cure.

*When Chancroid* is confined to the prepuce and gangrene threatens, circumcision should be performed.

The operation of circumcision is a comparatively simple one which does not require any special skill for its performance. The redundant parts should be steadied with a pair of forceps, applied just in front of the head of the penis, and cut off with one sweep of a long bistoury from above downwards and from behind backwards. The contracted and tightened membrane is then, if necessary, divided with the scissors. Any little arteries that may bleed are secured with fine ligatures, when the muco cutaneous edges of the wound are approximated with four sutures, placed at equidistant intervals. Elevation of the penis, with cold water dressings, recumbency, light diet, and a purgative the morning after the operation, constitute the after-treatment. The sutures are removed at the end of the third day.

I have endeavored to point out the advantages and importance of circumcision, and cannot too forcibly advocate its more frequent adoption. I have been a close observer, and have inquired of other observers, and I am convinced that the chain of symptoms, particularly those mentioned under the head of "nervous symptoms," are of the rarest occurence among Jewish children on whom the rite of circumcision has been performed. The dangers of the operation are very slight indeed. Of the infinite number of operations for circumcisions performed by the Professors S. D. and S. W. Gross, not a single death has occurred, and only one death from circumcision occurred in the practice of Professor Otis.

Considering the age (eighth day) at which the operation is performed among Hebrews, and the great tendency to death in infants, the extreme rarity of a fatal case only goes to show how safe an operation circumcision is.

## *POISONOUS PLANTS.*

BY C. E. MEETKERKE.

AS surely as spring and summer return, so surely may we expect reports of fatal poisoning cases. School-boys let loose in the green lanes are sure to possess themselves as they go along of whatever happens to come in their way—flowers, very sweet or very much the reverse, tempting berries (whether sweet or sour makes little difference)—are greedily picked, and the unhappy urchin may have to rue the effects of the poison then taken into his system to his dying day. The trustworthy ten year old matron, the "little mother" of the family, put in charge of her younger brothers and sisters, is glad to seat herself under the shady shelter of a hedge row, with the smallest baby in her lap, while the others pull down clusters of the scarlet bitter-sweet, and when they all go home with stained lips and fingers, and crying, giddy, possibly dying, the unsuspecting mother wonders in her ignorance "Whatever can have happened to the child!" An early salad, made of fresh, green, finely cut leaves, is doubtless an agreeable accompaniment to bread and cheese, but the unlucky tramp who thinks to get a welcome bit of parsley and gathers hemlock, will speedily be made to wish he had let it alone.

Accidents arising from mistaking poisonous roots for wholesome vegetables are constantly occurring, and they sufficiently attest the almost incredible want of knowledge displayed by the generality of people concerning the natural properties and appearance of the commonest plants. That the busy dwellers in towns and cities, out upon their one day's summer holiday should be readily deceived by the tempting aspect of a shining berry is easily understood, but that the mass of country folk should share in their want of caution is surprising, and can only be explained by the fact that many people want to be taught wisdom by the bitter lessons of experience; experience, however, is apt to come too late. The heedless devourer of the sweet and luscious looking berries of the deadly nightshade, will not be very likely to have it in his power to try it again.

Some of the poisonous herbs which are to be met with in every country walk, may here be briefly pointed out, and, although time and space necessarily limit the list, a little knowledge once implanted may direct attention to

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the subject, and serve as a danger signal, to remind the unwary that the berries decking our waysides, the ornamental shrubs of our pleasure grounds, the very roots of our kitchen gardens, may contain elements of disease and death, if ignorantly or incautiously dealt with. Of all our poison flowers the aconite is the most deadly, but it would highly astonish many a simple cottage gardener to be told that his tall, handsome, highly-respectable looking monks-hood, the chief ornament of his little plot of cultivated ground is no other than the baleful plant whose name is derived from a Greek word signifying *without a struggle*, "of all poysones the most hastie poysone," and which the early writers say "kills man, unless it can find in man something else to kill," for it is also a most potent and reliable medicine. So dangerous is it, that it should be banished altogether from our dwelling-places, however ornamental it may be. All parts of the plant are poisonous, but the root, only too frequently mistaken for horseradish, is especially so, and on chewing a small portion of it, a sensation of numbness is experienced in the lips and tongue; the dust of the flowers accidentally blown into the eyes produces pain and even temporary blindness, and the scent, though not very strong, will cause a feeling of oppression and faintness. The leaves are nearly as poisonous as the root.

Deadly nightshade is fortunately not very common, and it is impossible to mistake its egg-shaped leaves, its dingy, bell-shaped flowers, its large, black fruit, but cases of poisoning are not unfrequent, and Taylor relates that in the autumn of 1846 many persons suffered from eating the ripe berries, which were openly sold in the streets of London. Two of these persons died, and the man who sold the berries was tried and convicted of manslaughter.

Hemlock is a constant cause of accidental poisoning. It resembles a great many of our garden vegetables, although its hollow, spotted stem, if carefully examined, is sufficient to distinguish it from parsley, fennel, and others of its kind. It grows from about three to five feet high, and is much branched at the top. The stalk is light-green and polished, spotted with purple or reddish blotches. It may also be distinguished by a strong narcotic smell, yet in spite of these characteristics it has only too frequently been mistaken for parsnip and for parsley. It operates fatally on some domestic animals, and cows and goats refuse to eat it.

Fools' parsley should be equally shunned. It is one of our common weeds, but so often makes its way into our kitchen gardens that it becomes important to distinguish it, which may easily be done by the dull purplish tinge at the base of the shining green stem, and the shining green of the leaves. It has a disagreeable scent when bruised, unlike true parsley, but the two plants are perilously alike. Indeed, all the flowers having that peculiar arrangement which botanists call the umbel, that is supported upon short footstalks like an umbrella, resemble each other so closely that the edible and poisonous ones are apt to be confounded.

The young branches and the fruit of the yew tree are exceedingly poisonous, producing giddiness, convulsions, and insensibility, but the berries are eaten by birds and wasps, and their deadly properties are probably confined to the seeds, as the red cap which covers them has been eaten by children, who have only sucked it, without injurious results, whilst when the stones have been swallowed, death has ensued. "It may be proper," says White, of Selborne, "to remind the unwary that the twigs and leaves of the yew, though eaten in a very small quantity are certain death to horses and cows, and that in a few minutes."

The common savin is equally poisonous, and is used by irregular practitioners in spite of its violent character.

The beautiful laburnum and the acacia are also dangerous guests, every part of the first being poisonous—wood, bark, leaves, flowers, pods, and seeds.

The leaves and flowers of the common elder are said by Dr. Christison to act as an irritant poison; and a case of poisoning by the roots is reported. The berries when eaten raw are also dangerous.

The berries of the daphne mezereon and of the common laurel should not be touched. From four to eight mezereon berries have been known to be fatal to children, and it has been said that fifteen are sufficient to kill a man. The flowers, which come in pink clusters, before the leaves, are also poisonous, and bees avoid them. The Russian women rub their cheeks with the fruit, which is so inflammatory that it produces a violent redness; beautiful, however, only according to taste.

Laurel leaves are frequent causes of poisoning, and great caution should be employed in flavoring puddings and custards with them.

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The proportion of the prussic acid which they contain varies, however, with the age of the leaf. Cases of poisoning by laurel water are not uncommon, and its odor is sufficient to identify it. The distilled water of acacia leaves also contains prussic acid, and the flower of the lilac yields traces of the same poison.

Noyau ratafia and all other liqueurs having the smell and taste of bitter almonds, are said by Professor Taylor to be poisonous when taken in large quantities. The leaves and kernels of a great many other plants, such as the cherry, peach, nectarine, damson, apricot, and the seeds of apples and pears, yield prussic acid, so do the berries of the mountain ash.

Fern root is fatal to cattle, and is supposed to be a cause of the disease called the trembles in sheep. It made the fortune of a Swiss apothecary, but in large doses it is undoubtedly dangerous. A case of poisoning recently occurred through a misprint in a medical work.

It is painful to have to warn its many warm admirers against

"The coy anemone, that ne'er encloses
Her leaves until they're blown on by the wind"

but we are bound to say it shares the venomous nature of the tribe to which it belongs, and is a fit companion of the deadly aconite, the blistering buttercup, and bitter hellebore.

The lovely lily of the valley, too, is to be dreaded, and can poison as remorselessly as the most sinister and evil-looking of venomous plants. Solomon's seal, however, was a favorite remedy with the old herbalists, who employed it as a cure for bruises, especially "those gotten by women's wilfulness in stumbling on their hastie husband's fists."

The bulbs, and, indeed, every part of the daffodil are powerfully emetic, even the flower petals are said to have produced dangerous symptoms in infants who have been allowed to swallow them. The scent of the closely allied narcissus will cause violent headache.

The splendid foxglove which

"Sheds beside the public way its bells"

is not easily mistaken, nor would any one be likely to chew the leaves, which are coarse and nauseous. Although it is a valuable medicine, it is not unlikely to give rise to dangerous symptoms if carelessly administered. Thus on one occasion a pitcher was filled with foxglove leaves and as much water as the jug would hold was poured over them. At bed-time a teacupful was taken, and another in the morning; these doses were followed by excruciating pain and finally loss of consciousness.

It is advised by a French botanist that both the bryonies should be treated with "la plus grande reserve." The root is undoubtedly poisonous, resembling mandrake in its properties as well as its appearance, and we know the latter to be a "drowsy syrup." Neither are the berries, filled, when ripe, with an unpleasant smelling juice, to be altogether trusted.

Some unexplained cases of poisoning have been attributable to the corncockle, a common weed growing up with the wheat, and whose seeds may occasionally be ground up with it. The pretty pink flower should therefore be eradicated, especially as the early herbalists were of opinion that

"Good seed degenerates, and oft obeys
The soil's disease, and into cockle strays."

Every part of the wild hyacinth is dangerous, and squills, resembling it in habit, although the flowers are arranged in a starlike form, partake its nature and properties.

Children should be particularly warned against their favorite "lords and ladies." The root is large, somewhat like the potato, and is poisonous, as are also the bright-colored berries. In two or three cases the leaves have been eaten with very distressing effects, but the poison is wholly dissipated by heat. The roots are collected in Dorsetshire, where the plant grows very abundantly, baked, reduced to powder, and eaten under the name of Portland sago. The Russians prepare a kind of flour from meadow sweet in a similar manner, but this is to be distrusted; and the pollen of the flowers will produce a great irritation of throat and nose. The scent is supposed to drive away noxious insects.

The beautiful delicate, wood sorrel is a deadly poison; it is the source of oxalic acid.

The eating of privet berries has been the cause of severe illness in children, although they are the favorite fruit of many birds.

The thornapple is another plant on which a word of warning should be given. It often springs up in the neighborhood of gardens, and has been eaten in mistake for other plants, although the recognition of its white, sweet-scented, trumpet-like flowers and prickly seed vessels is very easy. It is associated both in poetry and prose with the most deadly poisons. It produces dimness of sight, giddiness, and

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mania. The plant in India (Datura) has doubtless greater activity, and it is given by "toddy dealers" to the unwary traveller, to deprive him of his senses. These professional poisoners drop a small quantity into his food, and during the deep sleep which follows he is easily robbed, and left to sink or recover as the case may be.

Meadow saffron, often called the autumn crocus, is another dangerous plant. It grows abundantly in many of our moist, rich meadows, the leaves appearing in spring, but the flowers not till autumn. A man who swallowed a large quantity of the seeds was seized with a burning sensation in the throat, a difficulty of breathing, and died in a few hours.

In the same marshy places the yellow flag is to be found, whose roots are a deadly poison. Side by side with it grows the virulent cowbane, or water hemlock, and the water plantain, so deleterious to sheep and cattle.

The celandine should be avoided, growing on heaps of rubbish and old walls near towns and houses. It may be known by its gold-colored flowers and long pods. It has an abundance of orange-colored juice, which stains the hands. The lesser celandine is one of the buttercups.

The whole tribe of poppies are unwholesome, especially the seed vessels, whose narcotic properties are too well known to require further mention.

In waste ground we often come upon the downy stems and yellowish flowers of henbane, a coarse but handsome plant. The whole herb is poisonous, and the roots have been eaten in mistake with fatal effects. Two soldiers who ate some of the young shoots with olive oil, are said to have experienced a sensation as if the ground were reeling beneath them; and a German writer declares that the fumes of the seeds proceeding from a stove caused a violent quarrel between a man and his wife, who had previously lived together in the utmost harmony.

The sweetness and beauty of the honeysuckle —the poet's woodbine—is beyond all doubt, but still it is not wholly innocent of evil. Its berries are poisonous, and the leaves are much distrusted by cattle.

The juice, leaves and other parts of the Virginian creeper are poisonous from the immense amount of acid they contain.

In a recent number of the Gardeners' Chronicle an emphatic warning is given to those who are engaged in shrubbery trimming, carefully to collect all prunings, and either to have them conveyed to some safe out-of-the-way place, beyond the reach of the farm stock, or, better still, reduced to ashes on the ground. The veterinary surgeon is slow to detect the cause of illness and death, but the rhododendron, oleander, yew, laurel, and box have much to answer for.

All decayed vegetables are dangerous. Potatoes, carrots, turnips, when they have once begun to decay, may excite serious symptoms. In potatoes especially, there exists a poison which is well developed in the shoot and in the berries. The roots of the scarlet runner are poisonous, partaking much of the nature of the calabar bean. All fungi, even the edible ones, should be cautiously dealt with, and even a wholesome mushroom becomes poisonous if grown in unhealthy and marshy localities.

Hyssop and rue have proved exceedingly dangerous in the hands of some herb doctors.

Wild spinach, called herb mercury, has been the cause of fatal accidents, and what is called the caper spurge, a stately, ornamental plant, with a purplish, smooth stem, cultivated in our gardens for its fruit, which is used as a substitute for capers, is, in a fresh state, highly acrid, but steeping in salt and water, and afterwards in vinegar, destroys the noxious qualities.

The meek and lowly stonecoop is by no means so innocent as it looks, but, on the contrary, is blistering, biting, and violent. It is poisonous to animals.

Lobelia, larkspur, columbine, and all the buttercups had better be let alone, and, indeed, there is but one order of plants which may be safely trusted.

The *crucifers* are all wholesome and trustworthy.

When once the mind is opened to the dangers which careless and unenlightened people so continually incur, it becomes a matter of duty to find out how such dangers may be best averted, and the simplest of all remedies is to devote a little time to learning and teaching the lessons of our woods and fields. Children, especially, are soon induced to find a practical interest in the plants they meet with, and will take pleasure in helping to warn those who have less advantages of instruction than themselves, against possible accidents. Much useful knowledge may thus be filtered through various ready channels, nor would a little teaching in such matters be amiss in schools.

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## MEDICAL LEGISLATION AND "STATE MEDICINE," IN TEXAS.

[Read by invitation before the Convention of the Association of American Medical Editors, New Orleans, April 27, 1885.]

BY F. E. DANIEL, M.D., AUSTIN, TEXAS,
Editor Texas Courier, Record of Medicine, Secretary Association of American Medical Editors, etc.

MR. PRESIDENT and Gentlemen, Colleagues of the Medical Press: When our distinguished President did me the honor to inform me that I would be expected to "read a paper" on this occasion, the time was too near at hand for me to undertake the preparation of any elaborate article on the important subject before the Convention, and even the brief period of time intervening was not at my disposal,—for reasons which it is unnecessary to mention. Having, however, at various times bestowed some thought on the subject—and having recently taken an active part in an effort to procure medical legislation in our own State—and being, moreover, deeply interested in all that pertains to the welfare of the medical profession, I have ventured to narrate, in a running way, and without any attempt at system or style, a brief account of "Texas Medicine, Past and Present; together with a bare outline of the History of Medical Legislation, with reference more particularly to the recent effort in that direction." I am encouraged to do this, and to hope that it may not prove uninteresting to my colleagues, by having read the following recently in the New York Medical Record:—

"It is a matter of deep regret," says the Northwestern Lancet, "that the amendments to the Medical Registration Act failed to pass. Now that so many States are passing medical laws, or making their old ones more stringent, we need more protection against the crowds of charlatans who are being driven out from their old hunting grounds. The history of the defeat of the amendments would, we imagine, be an interesting one to the profession, and we hope it will, sooner or later, be made public." (This was with reference to Minnesota.)

To those who are engaged in similar undertakings, and to us in Texas, the circumstances which render such effort an imperative necessity, and which attended the effort, as well as those that lead to its defeat are full of interest, and are not without a lesson.

The situation in Texas may be said to be peculiar, both as to the status of the profession and the practice. As to State medicine, it is yet an embryo, and from present indications and past experiences, many years must elapse before it becomes a fœtus, while its maturity and ultimate delivery, as a legitimate infant, if such is ever to be, are matters yet within the womb of the distant future.

So long was Texas a border State, a place of refuge for all sorts of characters—adventurers, fugitives from justice, etc.—that the habits, customs, institutions, and usages peculiar to pioneer times and frontier people, have made an impression not yet effaced by the admixture of better elements, nor obliterated by the steady, westward march of civilization. By the association of ideas with those early times, and particularly with the cattle interest, once the characteristic and leading industry of the country, imbibed, perhaps in childhood, from traditions, from exaggerated accounts, perhaps from pictures even in our school geography, where a mustang pony, a herd of "long-horns," a cowboy with a horsehair lariat are pictured to give the youthful mind some idea of the country and its customs, the present generation have acquired, and entertain still, quite erroneous impressions of Texas and Texans.

It is nothing to the detriment of my adopted State, I trust, to say that there is a general and widespread assumption of inferiority as to the people of this new empire—inferiority in intellectual capacity, education, cultivation, and all that go to constitute civilization. This is as unjust as it is surprising, in these days of rapid and unrestrained social and commercial intercourse. "First impressions are lasting," was never better exemplified than in the present prevalent ideas attached to Western people and customs, and to Texans more especially.

These impressions are the outgrowth of that early association, heightened, it may be, by malicious stories, exaggerated accounts of life on the plains, or scenes in the Far-West. For illustration, it is but necessary to allude to the recent accusation by a Philadelphia professor of habits that would shame a Hottentot, published, too, in the pages of a leading medical journal.

That such ideas are prevalent and widespread, that such assumption does obtain, there are surface indications everywhere visible. We see them in our daily intercourse with Northern and Eastern people; in the columns of the news-

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papers, and even in the pages of some of the most enlightened medical publications. It is very evident that many highly cultivated people are firmly of the conviction that no good can come out of the Texas Nazareth. On the appearance of the third issue of the Courier-Record of Medicine in November, 1883, The Planet, a monthly medical journal then published in New York, expressed its surprise in the following language:—

"The Texas Courier-Record of Medicine, Fort Worth! This sounds something like frontier life. We had no idea Texas could produce anything so intellectual or so well gotten up. We, in New York, have no idea of Texas; the two or three vague notions being (1) that General Sheridan's description was accurate, 'Better rent Texas and live in hell;' (2) that Texans are excellent judges of the points of a mule; (3) that any half dozen Texans can form a competent jury as to the legality of lynching for horse-stealing. The prevalent idea we have of Texas costume is, in summer, a very light one, consisting of a spur on the left ear; in winter, trousers stuck in boots, red shirt, handkerchief round the neck, sombrero hat, bowie knife down the back, two holster pistols in belt, and a quid of tobacco in the mouth. This comprises all our knowledge of Texas. We wonder if a cowboy could get cowpox?"

Again, during our visit to Washington last May, a party of our delegation got into a crowded street car. Something was said about Texas, when some well-dressed gentleman said, "Excuse me, sir, but are you from Texas?" We informed him that we were delegates to the Medical Convention. "But," said one, "are you typical Texans?" I replied, "I do not exactly understand you, I suppose I am, as most of my acquaintances are men, wear good clothes, mind their own business, and treat people civilly—is that your meaning?" "Why, no," said he, "I thought all Texans were half-breeds, and went armed; wore long hair and short jackets, with rattling spurs and outside boots?" He looked as much surprised as if we had claimed to be from the South Sea Islands, and left the car, no doubt, with a lingering suspicion of horns under our hats and cowtails under our coats.

Thus the cowboy element appears to be regarded as characteristic of Texas.

I would not appear as apologist for any habit, class, custom, or characteristic of Texas, but it will not be amiss, I hope, to say, that though there is much ignorance in Texas, and more knavery, there is also some civilization, and, speaking now with reference more particularly to the medical profession, although it is made up largely of the aborigines and refugees from examining boards, there is also (and they largely predominate, I believe) accessions to the ranks from Europe and the older States, extending back to very early times, as well as more recently, of men some of whom are thoroughly grounded in the principles, and trained by long and varied experience in the practice of medicine, and who brought with them the civilization and civilizing influences to which they had long been accustomed, men of broad views and good intellectual development and cultivation, whose professional attainments would do honor to any country and to any people. In making up an estimate of the calibre of the medical profession of Texas, therefore, it is important that this should be borne in mind. I fear that perhaps I should be misunderstood, if not censured, were I to press the proof of such assumption of inferiority further, or to hint that (may be) for that reason in the entire make-up of the organization of the International Medical Congress, which embraces three hundred and sixty-eight appointments, the name of only one Texas physician is to be found.

Another and a most potent factor in the process of ratiocination which places Texas medicine in an improper and unjust light, is that until recently the profession has had no representative or exponent in the field of medical journalism. True, there were one or two efforts made to establish a medical publication in Texas, but the product was ephemeral and practically valueless as representative organs. Be the causes of failure what they may, we will not now inquire, the fact remains, and by a process of *a posteriori* reasoning the profession at large arrive at the conclusion that it is due to lack of ability, zeal, enterprise, or professional pride. . . .

Texas is comparatively a new country. At the close of the war there set in a steady tide of immigration, principally from the old States, the population increasing at the rate of a quarter of a million annually. By the census of 1882 there were, in round numbers, one and a half million of people and three thou-

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sand physicians in the State. It is estimated that the population is now two and a half millions, and the same ratio of increase applied to the doctors would give us plus four thousand practitioners. This influx beginning suddenly and being continuous, comprising men of every grade, shade, and hue of professional, mental, and moral character and standing, it can readily be inferred that matters medical were in a chaotic state until a very recent period. It is due to the older practitioners of rational medicine to say they early saw and clearly appreciated the necessity for organization as a preliminary to anything like system or reform. An effort was made to organize a State Association thirty-two years ago with partial and temporary success only, the association lasting but two years. In 1867–8 the present State Medical Society was founded. It is now in a flourishing and prosperous condition and has just held its seventeenth annual convention at Houston, on which occasion many new members joined, swelling the roll of active members to nearly five hundred.

At first, and for a number of years, its growth was slow. It had a struggle for existence, but within the last two years a new impulse has been given to medicine, and a degree of interest and enthusiasm now prevails heretofore unknown in its history. Of this subject the New York Medical Record said last April: "Under the stimulating influence of medical journalism, as represented by the spirited and enterprising Courier-Record, medical affairs in Texas are assuming a more promising outlook. The profession has heretofore been in a somewhat disorganized condition. The State Society has existed *de jure* for fifteen years, but it has never yet accomplished much either in uniting the profession or promoting medical science. At the next meeting, however, which occurs at Belton, in April, a change will be initiated. Extra efforts are making to secure a large representation and to cause the society to take some steps towards organizing a State Board of Health. We trust Texas will soon cease to be a place from which 'a medical man' can write, 'there ain't no board of health.'"

In connection with the subject of organization, and as a reason for the delay in developing the State Society to its present proportions, it should be remembered that railroads in Texas are the product of the last decade only. There was a great want of facilities for travel and intercommunication, and whether the relation of cause and effect or mere coincidence, it is an interesting fact that the development and growth of the society has progressed *pari passu* with the extension of railroads. The same may be said of the wealth of the country. The two years in which most railroads were built in Texas (1883–4) there was the largest increase in the value of taxable property in the State, two hundred and twenty-five millions of dollars having been added to its value within that period. Well may the railroad be said to be a great "civilizing agency."

In 1883, recognizing the amorphous condition of the medical profession as well as the necessity for reform and an effort at its elevation, the Texas Courier-Record was founded. Its aim and declared mission were the organization and purification of this heterogeneous mass of medical material—the bringing of order out of this chaos—as a preliminary step to securing such legislation as was needed to place the State of Texas by the side of her sister States in the status and progress of sanitary and medical science. In response to its advocacy, county after county rapidly took up the cry of reform, and every breeze that swept across the broad expanse of prairie brought the glad tidings of "organization," till town and city, village and hamlet were able to send up their delegates to swell the roll of the mother society. It has been most gratifying, and the good work still goes bravely on; the future is full of promise. They realize the teachings and respond to the sentiment of their Home Medical Journal. "'Tis the magic of organization that gives life and energy to scientific progress and dignity to the voice of the profession to command the ear of the assembled Commonwealth."

*Medical Legislation.*—The efforts at legislation on the part of the medical profession of Texas have been of yearly occurrence. The trouble with the earlier ones being that for want of unanimity of action they necessarily partook of the nature of individual enterprises, and however intelligent they were, they were spasmodic and not sustained by the great mass of practitioners. That feature, I regret to say, still obtains, notwithstanding the extent to which organization has been carried.

The earliest attempt of which I have any information was made thirty-one years ago by the then State Medical Association. To quote

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from the recent address to the Senate Committee on Public Health: "In 1853 the first effort to procure the enactment of a law to regulate the practice of medicine in Texas was made, and was continued at intervals without result until 1873, when a bill was passed requiring the registration of diplomas by newcomers into the State. Another law was passed in 1876 repealing its predecessor, on which it was a great improvement, inasmuch as it created Boards of Medical Examiners, whose duty it was made to examine all applicants for license, whether graduates or not. This law, though available in many of its features, contained defects which made it a failure. By a subsequent amendment, in 1879, it was completely emasculated" (through the influence of a so-called "doctor" who happened to be in the Senate and was chairman of the committee to which it was referred). This individual, though claiming to be a regular physician, is considered quite irregular and defective, and it is unnecessary to say has no standing in the medical profession. He is of the genus "crank."

The enactment of 1876, the only one which has ever been passed at all worthy of consideration, contained one fatal defect in that it failed to define the offense, and the article in the penal code relating to it remains to-day inoperative in consequence of this omission.

This is the law, gentlemen, the only apology for a law we have in Texas on the subject, and it is a farce; it places no restrictions whatever on the dangerous privilege of prescribing for the sick, attending the parturient, or wielding the deadly catlin and trephine. True, it provides for examining boards, and they are duly appointed in each district and have a nominal existence, but it has been ages since they examined an applicant,—they do not apply. It admits any and all kinds of diplomas as authority to practice, and the record books in every county clerk's office are decorated with more than one Buchanan abomination. No wonder then that the incompetents, driven out of other States by the winnowing process, flock to the broad and hospitable fields of Texas which lie so invitingly open, and thus it is that Texas, in addition to her own quota of incapables, such as exist in all States, is overrun with the refugees from the medical law in other States. Here they can pursue their nefarious calling with impunity and with profit, and though we daily hear of flagrant cases of malpractice, nay, downright murder, homicide, infanticide, etc., these human vampires are unmolested; there is none to make them afraid; they are responsible to no tribunal, not even to a conscience.

This law is and has been long a "thorn in the flesh." Every day fresh accessions are made to the grand army of pretenders now bivouacked on the plains of Texas.

At the Belton meeting a committee was appointed to procure the repeal of this law and the passage of a better one. It was not hoped to remedy the existing evil, for there is no human power that can reach these persons after they have registered; that is all the law requires; they are then "legally qualified;" but it was hoped to arrest the perpetuation of it. Accordingly, a bill was framed which was nearly or quite unanimously indorsed by the Convention, as expressing the sentiments of the profession and covering the ground entirely. It was thorough-going, far-reaching, and comprehensive. It provided for examining boards in each Congressional district, who were to be censors, and pronounce on the standing of colleges issuing diplomas (*à la* Illinois); it gave the State Association the right to nominate the appointees; it provided for examinations on all branches and exempted all who had qualified under any law previously or now existing. It was just such a bill as we need made a law, but also just such a one as would stand no show of favor in the present unripe state of public sentiment and existing prejudice. This bill, which was generally known as the Daniel Bill, raised a great cry and made considerable notoriety. The enemies of the bill (chiefly homœopaths) were extremely industrious and succeeded in convincing the members of the Legislature, even before they assembled, that a bill which required homœopaths to be examined on "allopathic" medicine, by a board nominated by an "allopathic" convention (as they call the medical profession of Texas), was very unjust; hence the modification of the bill afterwards by the committee, which readers of the journals can scarcely have failed to notice. This modification is one of the bills of which the Journal of the American Medical Association said was "framed with far more reference to the avoidance of popular prejudice, or the reconciling of opposing schools or factions, than to any

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sound principles of legislation or of political economy." And the journal told the exact truth. There is where the legislative committee made a great mistake. We will endeavor to show the reasons why the committee thought it unwise to press the bill as it was first prepared:—

Every effort was made in advance of the assembling of the Legislature to arouse the profession to action and concert and to favorably impress the people and the legislators. The Courier-Record published the bill and wrote it up diligently, urging the members to make it a point to personally see their representatives and to secure, if possible, their influence and support in behalf of the measure. Indeed it may be said that nothing was left undone by the committee to advance the bill in favor, and to enlighten the people and the legislators especially as to its aim and scope and the urgent necessity for its enactment.

In this connection, it should be stated, that while the profession of Texas do not recognize the possibility of such a combination as homœopathic physicians, there is a "State Association" calling themselves by that name. These persons, according to the best information I have been able to get, number about fifty in the State, and their membership in their State Association numbers thirty-five. Thus they stand as less than one to one hundred regular physicians in the State, and if they were evenly distributed to the two hundred and twenty-six counties in the State, each county would rejoice in the possession of only the sixth attenuation of one homœopath. It becomes necessary to mention this element, inasmuch as it was a factor in the defeat of legislation, and constitutes to-day, gentlemen, a problem, not only in Texas but in Massachusetts and some other States which we will find difficult of solution. Indeed, this was the rock upon which the profession of New York split, and on which other States have foundered.

[Concluded next month.]

AMERICAN MEDICAL EDITORS' ASSOCIATION.—At the annual meeting, held in New Orleans, the following officers were elected for the ensuing year: President, Dr. H. O. Walker, of the Medical Age, Detroit, Mich.; Vice-President, Dr. F. L. Sim, Mississippi Valley Medical Monthly; Secretary, Dr. F. E. Daniel, Courier-Record of Medicine, Texas.

# THERAPEUTIC NOTES.

### CHOLERA MORBUS.

Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermatic injection of morphia, gr. $\frac{1}{8}$, and atropia, gr. $\frac{1}{100}$, to be repeated in half an hour, if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity but manifest a disposition to linger, the best results will be obtained from the administration of calomel, gr. $\frac{1}{8}$, soda bicarb., gr. iij, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral 1 part, soap liniment 3 parts. Instantaneous relief can always be secured by the use of chloral hypodermatically.

Dr. Harkin, of Belfast, claims that equally brilliant results can be obtained by his method of applying counter-irritation to the right pneumogastric nerve. He does not use any internal remedies, but merely brushes some cantharidal collodion for a few inches over the course of the vagus, commencing behind the angle of the jaw. As soon as the irritation is transmitted to the nerve, the vomiting and purging is checked. Dr. Harkin has reported a number of cases of cholera morbus and cholera infantum in which this plan was used with the most happy effect.

### DIGITALIS IN HYSTERIA.

Dr. J. Gordon Black (Lancet) reports a case of violent hysteria, in a female, almost maniacal in character, in which the bromides, chloral, chloroform, belladonna, quinine, and iron were all useless. Morphia alone seemed to possess any power over the paroxysms, but its administration was finally suspended because of its pernicious effects on her moral and physical constitution. Digitalis was then resorted to during one of the attacks, when her pulse was remarkably quick and feeble. Four doses of a drachm each of the tincture were administered at intervals of an hour, after which the pulse became strong in character and fell from 130 to 90 beats per minute. She soon fell asleep and awoke in the morning completely relieved, and has had no attack since.

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### HEAT FEVER.

We know of no better treatment for the simple fevers of childhood due to heat, or fatigue, or excitement than the administration of—

℞. Tinct. aconiti rad. . . . . ♏vj.
Aqua . . . . . ʒj.
M. Sig.—Two teaspoonfuls every hour.

Half an hour after the second dose has been taken give the following powder:—

℞. Resinæ jalapæ . . . gr. iij.
Hydrarg. chlor. mite . . gr. ss.
Sacchara alba . . . gr. iij.
M. Ft. charta. Sig.—For one dose.

This will secure a free evacuation from the bowels in about three hours. If necessary, when the aconite mixture is done, give—

℞. Chlorali . . . . . gr. xii.
Elix. simp. . . . . ʒss.
M. Sig.—One teaspoonful every hour.

The child will generally fall asleep after the second dose, and awake several hours later completely relieved.

### EXOPHTHALMIC GOITRE.

A case of exophthalmic goitre, occurring in a pale, ill-nourished girl, was recently presented before the Jefferson Hospital Clinic. Her thyroid gland began to enlarge three years previously, and her eyes were now commencing to protrude. A churning, mitral murmur was distinctly audible, and there was considerable œdema of the ankles. The indications being to remove the anæmia and allay the irritability of the heart, Professor Bartholow directed her to take—

℞. Pulv. digitalis . . . gr. xx.
Ferri sulphatis exsicc. . gr. x.
Mangani sulphatis exsicc . gr. xx.
M. Ft. pilula No. xx. Sig.—One pill three times a day.

### MEMBRANOUS ENTERITIS.

For a case of membranous enteritis, occurring in a dyspeptic man, æt. 46, Professor Da Costa prescribed—

℞. Liq. potassii arsenitis - . ʒj.
Tinct. ignatiæ . . . ʒii.
Tinct. cinchonæ comp. . ʒiiss.
M. Sig.—One teaspoonful in water after meals.

Also—

℞. Ferri sulphatis . . . ʒij.
Magnesii sulphatis . . . ʒij.
Aqua . . . . one quart.
M. Sig.—Half a wineglassful every morning.

### ACUTE GASTRO-INTESTINAL INDIGESTION IN INFANTS.

Dr. J. M. Keating (Archives of Pediatrics) says if the child was previously in good health, dentition progressing naturally, no evidence of fever, gums not swollen or tender to the touch, the tongue clean, and diarrhœa has succeeded the vomiting, we may rest assured that the disturbance is brought about by the character of the food, and we should at once change it, by placing the nurse or the mother upon proper treatment, or, if the child be hand-fed, by inquiring into the character of the food, and changing it to another form. But should we find the tongue coated with a yellow fur, the child feverish, the skin dry, the urine high-colored, the stools frequent, possibly containing slime and curds, there is much tympany, the child very fretful, the mucous membrane of the mouth red and possibly swollen over some portion of the gum, the chances are that we have to deal with a functional derangement of the organs of elimination, either brought about by catarrh, by over-feeding, by nervous irritation caused by dentition, which will require, not a change of food, but medicinal treatment calculated to relieve the engorged viscera, to promote free secretion, to allay nervous irritability. Under such circumstances we know of nothing better than to use small doses of calomel followed possibly by castor oil, give a warm foot-bath, lessen the amount of food, and supply its place by the free use of water. Our treatment in such cases is usually the following: Lance the gums if necessary. Give two or three of the following powders at intervals of an hour:—

℞. Hydrarg. chlor. mit. . gr. j.
Pulv. ipecac. . . . gr. ss.
Soda bicarb. . . . gr. viij.
Sacch. lact. . . . gr. ix.
M. Ft. chart. iv.

This to be followed by a dose of castor oil, and then the child should be placed on careful diet for a day or two, and given the wine of pepsin in half-teaspoonful doses, or the elix. cinchona cal.

### DIARRHŒA.

In serous diarrhœa, where the stools are loose and watery without much color or odor, Professor Da Costa recommends a combination of opium and a mineral acid. Where the discharges are griping and offensive and contain a great deal of mucus, indicative of a catarrhal

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condition of the intestinal tract, the opium should be combined with bismuth or ipecacuanha. If, however, the stools are greenish in color and moderately loose, and accompanied by a great deal of abdominal tenderness, an excess of acidity in the upper bowel may be inferred, and relief obtained by giving opium and mistura creta.

### DYSENTERY.

In acute dysentery Professor Da Costa frequently prescribes—

℞. Plumbi acetatis . . gr. viij.
Pulv. ipecac. . . . gr. j.
Pulv. opii . . . . gr. j.
M. Ft. charta No. iv.
Sig.—One powder every two hours.

The treatment by salines, and the treatment by large doses of ipecacuanha or of bismuth are also serviceable, but whichever method be adopted, sufficient opium should be given in addition to allay the pain.

### CATARRHAL FEVER.

Dr. J. A. Hubbard (Medical Age) has treated a number of cases of catarrhal fever with—

℞. Tinct. aconiti rad. . . ♏vi.
Ext. jaborandi fl. . . . ʒss.
Aqua . . . . . ʒvi.
M. Sig.—One teaspoonful every four hours.

All the cases, without exception, were free from fever within twenty-four hours, and required no further medication.

### URETHRITIS.

Rebatel (Annales de syphiligr). (N. Y. Med. Journal) commends this simple remedy, which was first suggested by Mannino. It is said to destroy at once the vitality of the gonococcus. Three fresh lemons are cut into small pieces and thrown into about ten ounces of water, which is reduced by boiling to three ounces. With this fluid three or four injections should be employed daily. After two days a fresh decoction should be made. The following combination may be used instead:—

℞. Salicylic acid . . . gr. j.
Citric acid . . . gr. xxv.
Aqua . . . . ʒviij.
Two injections to be made daily.

### SYPHILITIC ERUPTIONS.

Mauriac (Union Méd.) suggests the following:—

℞. Chloral hydrate . . . ʒij.
Tincture of eucalyptus . . ʒv.
Distilled water . . . Oij.
To be applied to mucous patches and ulcerating syphilides.—*N. Y. Med. Journal.*

### GASTRALGIA.

Lasègue and Regnauld (Union Méd.) prescribe this mixture—

℞. Orange flower water . . ʒv.
Chloroform water . . . ʒxv.
Distilled water . . . ʒix.
Dose, a dessertspoonful every fifteen minutes until the pain is relieved.—*Ibid.*

### ARSENIC IN ANÆMIA AND ATROPHIC CONDITIONS.

Dr. Samuel Wilkes, in the Lancet for April 11th, writes strongly in favor of arsenic in many diseases where skepticism as to its use on the part of a large portion of the profession has generally prevailed. There can be no doubt that many of the cutaneous affections cured by arsenic have a gouty origin, and therefore it is not surprising that the same remedy has a great power in preventing attacks of gout. Then, this gouty class of persons are often neuralgic, and it may be in them especially that arsenic is the best nervine remedy. He has found it amongst the most efficacious medicines, and in some cases the only remedy. Thus, before the introduction of nitrite of amyl and glonoine for angina pectoris, he relied mainly on arsenic, and in some cases kept off attacks for weeks where they had previously occurred almost daily. But the most remarkable effects of this remedy are seen in anæmia and various forms of cachexia and atrophy. One case which he cites was a lady about forty years of age, who was pronounced to be the subject of idiopathic anæmia. Her bloodless and feeble condition compelled her to keep her bed, and it was never believed that she would rise from it again. Arsenic was used, she soon began to improve, and in a few weeks was able to visit her doctor at his house. Another case of the so-called pernicious anæmia was in a gentleman who had gradually grown anæmic and breathless, so as to be unable to leave his house. He took five drops of liquor arsenicalis three times a day, and in a month was comparatively well. In most of the cases where arsenic succeeded, iron had previously failed. It is, however, in wasting and general cachexia that Dr. Wilkes has been the most pleased with its action. He details sev-

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eral cases where there were evidences of extreme wasting and debility, attributable to no special disease, and where arsenic effected cures.

He has never given very large doses, generally four or five drops of the liquor arsenicalis three times a day, or a little more of the soda preparation; nor has he observed any injurious effects from its long use, although, as is known, it becomes absorbed into the system, the urine showing its presence many weeks after its administration has ceased.

An editorial in the same number of the Lancet, considers Dr. Wilkes's testimony as of great value, as coming from one who is far too much imbued with scientific caution to lavish undeserved credit on any pharmacopœial preparation. The testimony of Dr. Wilkes on its efficacy in idiopathic anæmia is borne out by the experience of many physicians; among the most recent being Dr. Warfinge, of Stockholm, who reported several cases of remarkably rapid arrest of the downward progress of the disease, and even of recovery, under the use of arsenic. All such cases should, however, be subjected to prolonged supervision, as it is notorious that relapses are prone to occur. The same remedy has been also successfully employed in an even more definite cachexia, viz: Hodgkin's disease, where the administration of arsenic has been supplemented by its injection into the hyperplastic lymphatic glands with, according to Winiwarter, astonishing results.—*Journal of American Medical Association.*

### BASHAM'S MIXTURE.

| | | |
|---|---|---|
| ℞. | Tinct. ferri chlor. . . | ℥ss. |
| | Acidi acetici dilut. . . | ℥j. |
| | Liquor ammonii acetatis . | ℥ivss. |
| | Tinct. aurant cort. . . | ℥iss. |
| | Glycerine . . . . | ℥ss. |

Sig.—One to four teaspoonfuls, well diluted, after meals.

### CALCIUM SULPHIDE IN SUPPURATIVE DISEASES.

Dr. D. G. Collins reports (Northwestern Lancet) two cases of lingering suppuration, in which a cure was finally effected by the administration of calcium sulphide, one-half grain every four hours. Impressed by the value of the remedy in these cases, he has since then prescribed it in a number of cases of threatened abscesses in different parts of the body, and has invariably been successful in preventing the formation of pus.

### CHOLERA INFANTUM.

In the treatment of this perilous affection Eustace Smith says it is better to abandon all attempts to introduce food into the stomach as long as the vomiting and purging are frequent and severe. We should content ourselves with allowing the child to drink freely of iced water, for stinting of liquid in these cases is not only cruel but injudicious. As soon as the irritability of the stomach has lessened, a teaspoonful of white wine whey may be given every half-hour, but no milk of any kind should be given for several hours. Medicinally, the remedy which Dr. Smith considers to be the most valuable is morphia, administered hypodermatically. For a child of a year old one-thirtieth of a grain may be used, combined with five or six drops of ether, to be repeated in an hour if the symptoms continue. If this treatment be instituted before exhaustion has set in, the vomiting and purging are almost immediately arrested without any narcotism being produced. If the child unfortunately be not seen until it is in the stage of collapse, it should be placed in a warm mustard bath for five minutes, and from ten to thirty drops of brandy administered at short intervals until the warmth of the extremities is restored. A strong mustard plaster placed over the heart will often be of service, and the subcutaneous injection of ether may prove to be an invaluable stimulant in this critical period.

### FACIAL NEURALGIA.

Dr. O. G. Darling (Therapeutic Gazette) considers muriate of ammonium to be superior to either ergot or gelsemium in the treatment of facial neuralgia. He has employed it a number of years and regards it as a specific in this affection.

He gives it in ℥ss doses every half-hour, if necessary, until three or four doses have been taken, but it is seldom that more than two doses are required to subdue the most aggravated case, and often a single dose suffices.

He is in the habit of continuing the remedy in smaller doses, say ten grains three or four times a day for a day or two, after the neuralgia subsides. It is also a valuable remedy in toothache, a single dose of half a drachm often allaying the pain in a few minutes.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, July, 1885.

## *ACTION OF THE COMMITTEE OF ARRANGEMENTS FOR THE NINTH INTERNATIONAL MEDICAL CONGRESS.*

WHILE it was to be regretted that the action of the original committee of eight, appointed by the American Medical Association in 1884, and enlarged in accordance with the resolution, by virtue of which it was constituted, was such as not to meet with the entire approval of the American Medical Association, this is now a thing of the past which it would be unprofitable to discuss. The instructions given by the Association to the present committee were fortunately so definite that little was left to its discretion, and the work of revising, altering, and amending the original plan of organization was simple enough.

At the recent meeting of the committee at Chicago there was an attendance of twenty-nine members, and different sections of the country were fairly represented. The preliminary work of permanent organization of the committee was concluded with the best feeling. Dr. Cole, of California, and Dr. Shoemaker, of Pennsylvania, who were originally selected by the committee as temporary officers, being elected respectively permanent chairman and permanent secretary. There was a contest for the office of chairman, Dr. Cole and Dr. Lynch, of Maryland, being the prominent candidates. Following the ballot by which Dr. Cole was elected chairman, Dr. Lynch was elected vice-chairman without opposition. Dr. Shoemaker was also elected secretary of the committee without opposition. A sub-committee was immediately appointed to prepare and report a plan of organization of the Congress and a list of nominations for officers. This committee, in due time, reported its "plan" and the names of the officers, and the report was fully discussed in the general committee. After making some alterations and additions to the report of the sub-committee, the general committee adopted the plan of organization, appointed the officers to be nominated to the Congress at the opening of its session, and adjourned its two days' session to meet again at St. Louis on the day before the meeting of the American Medical Association in 1886.

In the organization of the Congress the essential features of the original plan were preserved. The rule, as regards foreign members of the Congress, simply provided for their inscription on the Register of the Congress as members of the regular medical profession, which is identical with the original rule.

The rule with regard to the American members of the Congress provides for delegates from the American Medical Association and all regularly organized State and local medical societies in affiliation with the American Medical Association, each and every State and local society and the American Medical Association being entitled to send one delegate for every ten of its members. These provisions are identical with those of the original rule, with the following exceptions: In the original rule the following special associations are mentioned as entitled to representation: "The American Academy of Medicine, the American Surgical Association, the American Gynæcological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association." The representation of special societies in the Congress is evidently unnecessary and supererogatory, as there are few, if any, members of such societies who are not also members of societies entitled to representation as State or local medical associations or of the American Medical Association itself. The original rule permitted the representation of all regularly organized State

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and local medical societies, while the rule adopted by the committee specifies that only such societies are entitled to representation as are in affiliation with the American Medical Association. A strict enforcement of the amended rule would exclude a small number of societies, and these only in the State of New York. The Medical Society of the State of New York and a very few of the county societies in the State have relinquished their affiliation with the American Medical Association; but the State of New York would still be amply represented by delegates from the New York Medical Association, which has a membership nearly double that of the State Society. If a large majority of the profession of the State of New York will be satisfied with its basis of representation, as will undoubtedly be the case, it is difficult to see any good reason for dissatisfaction with the rule of the committee on the part of the profession of other States. In adopting this rule the committee undoubtedly had in view the virtual instructions received from the American Medical Association, "that it should place no man in any position who is in direct opposition to the Code of Ethics of the American Medical Association" (Medical News, May 2, 1885).

It will be more than unfortunate if this unavoidable and consistent action of the committee, for which the American Medical Association is alone responsible, should lead any members of the profession to put themselves in a position of antagonism to the Congress. The matter of the exclusion of certain societies concerns only the profession of the State of New York, and this may well be left to the representatives of this State in the Committee of Arrangements, who are three in number. The profession of the State of New York showed no disposition to antagonize the Congress, even when nearly thirty gentlemen, who had publicly repudiated the Code of Ethics of the profession, were nominated as officers of the Congress, including several whose action had been peculiarly violent. The action excluding these gentlemen was taken by the American Medical Association without any suggestions from New York, and it is a movement which New York will probably accept as eminently proper. It would be the height of folly to permit the local troubles in one State to interfere with harmony of action in the organization of the Congress.

These remarks are made for the reason that it is rumored that a few of the profession in Philadelphia contemplate concerted and public action and intend to withdraw from all participation in the Congress. While the withdrawal of any one who is able to promote the success of the Congress is to be deprecated, no member of the profession should be criticized for acting individually in accordance with his personal views, opinions, or wishes, but the concerted and public withdrawal of a number of medical gentlemen from all participation in the Congress could have but one of two objects—either to prevent the meeting of the Congress in the United States or to interfere with the success of the meeting, should it take place.

As regards the possible motives for an action that would be equally illogical and unwise, they cannot but be considered as unworthy. The International Medical Congress will inevitably meet in the United States in 1887. The American Medical Association would not revoke the invitation if it could, and could not if it would; there being neither a Congress nor a committee competent to receive and act upon any important communication before the meeting in 1887. It is neither dignified nor reasonable for a member or members of the original committee, after extending a cordial invitation to the Congress, to endeavor to mar the harmony and success of its meeting, and it is to be hoped that no such effort is seriously contemplated. Resignations from the Committee of Arrangements may occur, and appointments may be declined, but vacancies will undoubtedly be worthily filled with those who will work in the interests of a successful meeting. It should be remembered that the Congress is to be devoted exclusively to scientific work and incidental social intercourse, and that

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personal grievances and disappointments, local quarrels, and ethical discussions have no proper place in its proceedings. It is not probable, indeed, that the preliminary arrangements for any Congress have been completed without local troubles, and it is an open secret in England that entire harmony did not prevail at the beginning of the preparations for the meeting in London; but in this, as in other instances, local difficulties and jealousies did not take the form of published manifestoes, and they never came to the knowledge of the Congress.

It is possible that the American membership of the Congress may finally be organized on a broader basis than that proposed by the committee. There is no good reason why any physician, whose regularity is attested by the fact of membership of a recognized medical society, should not become a member of the Congress by simply signing its Register and paying the dues. If some such action should be taken, removing all restrictions as regards the number of delegates, this would add much to the brilliancy of the meeting, and would effectually exclude irregulars and those who might use their membership as advertisements. Under the most liberal plan of organization, the Committee of Arrangements would certainly be expected to protect the Congress against the admission of charlatans.

The Committee of Arrangements acted wisely in rearranging certain of the sections, by consolidating Gynæcology with Obstetrics and Nervous Diseases with Medicine. The omission of the Section of Dental and Oral Surgery was judicious, Dentistry not being generally recognized as a legitimate department of medicine.

The most important work before the Committee of Arrangements was "to appoint the officers of the Congress." With regard to this, the virtual instructions under which the committee acted, to "place no man in any position who is in direct opposition to the Code of Ethics of the American Medical Association," rendered a part of the task sufficiently simple. It was the plain duty of the committee to ascertain what men were under this prohibition, and to eliminate them from the list of officers, which was done. For this action the American Medical Association assumed all the responsibility, and left no part of it with the committee.

The only movement that threatened to disturb harmony of action in the sub-committee on organization and nominations was an apparent attempt to preserve most, if not all, of the original officers by voting against the elimination of every officer originally appointed; but this movement was fortunately confined to a minority consisting of a single member of the sub-committee. It is to be regretted that all the members of the original committee of eight did not accept the instructions of the Association and aid in the endeavor to carry out these instructions in letter and spirit. In case the original organization, which was not satisfactory to the Association, had been indorsed by a majority of the committee, an organization in accordance with the instructions would undoubtedly have been presented to the Association at its next meeting at St. Louis, in the form of a minority report, which would probably be adopted, but which might give rise to acrimonious and unprofitable discussion.

It must be remembered that it is absolutely necessary that some committee from some competent organization should carry out the multitude of details involved in the arrangements for the meeting of the Congress. The committee charged with this work is the present Committee of Arrangements; and the organization to which this committee is responsible is the American Medical Association. In the nature of things, it is impossible that any plan of organization or any list of officers should be entirely satisfactory to every member of the profession of the United States, in whose name the invitation to the Congress was given; but the Committee of Arrangements, accepting the responsibility which rests upon them, have evidently striven to scrupulously carry out the views and intentions of the body by which they were appointed.

Although the Secretary-General must natu-

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rally be disappointed that the whole of his work was not adopted by the Association, and that he failed to induce the Committee of Arrangements to retain all of the officers originally appointed, he must be credited with having given important aid to the new committee, much of his plan of organization having been retained. It is to be hoped that the fact of his declining to be a candidate for reappointment is not to be taken as an evidence that his interest in the success of the Congress has been destroyed.

But little more than two years remain before the meeting of the Congress in 1887. The President, the new Secretary-General, the Chairman of the Finance Committee, and the Presidents and Secretaries of sections have none too much time for the work that is before them. The profession of the United States should give them efficient aid, should put aside all differences, endeavor to heal all local troubles, and the meeting will be a memorable one in the history of the International Medical Congress.

## *INTERNATIONAL MEDICAL CONGRESS.*

THE following reply to Dr. Jacobi was published in the Medical Record and New York Medical Journal:—

Permit me to say in reference to the recently published correspondence between Dr. Jacobi and myself, that the letters were of a personal nature and were injected into the journals without any authorization on my part or cause on the part of Dr. Jacobi. I have nothing to retract from the statements which I made at the meeting of the American Medical Association in New Orleans. They are absolutely true and can be substantiated by better evidence than the words of Dr. Jacobi. When the time that I deem proper shall arrive, I will demonstrate the non-truthfulness and real inwardness of Dr. Jacobi's assertions in such a way that not one of your impartial readers will have any doubt of the justice or of the propriety of my remarks at New Orleans.

I have no desire to bandy words with Dr. Jacobi on questions of veracity. My status in my own community is certainly as good as that of Dr. Jacobi in New York. I have never referred to or mentioned him in public in connection with the American Medical Association or the International Congress. At present he is simply his own accuser in the matter, but it is well said that "The wicked fleeth when no man pursueth."

JOHN V. SHOEMAKER.

PHILADELPHIA, June 1, 1885.

THE sting of defeat is hard to bear at all times, and doubly so if the conflict has been sought for. If that defeat comes on a moral issue, and from one's professional brethren, it must be doubly mortifying. Therefore, when the gentleman, arrogating to himself the entire personality of the "New-Code" movement in America, loses his temper and indulges in a public exhibition of his anger and mortification we feel for him more sympathy and kindness than we can easily express.

* * * * * * *

As for Dr. Jacobi and any others who are aggrieved, we are sorry they feel so, and hope in time they will become better satisfied, and if in the mean time it pleases them to abuse us because they fancy we were more prominent than some others in raising a breeze at New Orleans (which is a mistake, for this is an affair not of *persons* but of the whole profession), why let them continue, we can afford to be generous, the more so as while pleasing them it does us no harm.

* * * * * * *

"THE best laid plans of mice and men aft gang aglee." Thus, the plan of Dr. Jacobi and his friends has "ganged aglee," but as it was ingenious and able, its promoters should be consoled with that thought and accept gracefully the results of a battle which they have fought far more ably than the cause deserved.

## *MEDDLESOME MIDWIFERY.*

DR. THOMAS DOLAN enters a timely protest in the Midland Medical Miscellany against the meddlesome midwifery which appears to be the general practice in some localities. As Dr. Dolan truly says, labor is a natural process; in ninety-nine cases out of a hundred it proceeds naturally, and the after-effects are completed in a natural fashion. But some

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accoucheurs are not content unless they are doing something, so that after labor is completed the organs are not allowed rest, and uterine douches are ordered, to prevent possible infection from the microbes which are present in the brains of the attendants. The latest fashion has been to use corrosive sublimate injection as a matter of routine, the result being that symptoms of poisoning developed in several cases. If it be true, as has been recently proclaimed, that every uterus after delivery is to be regarded as a suppurating, infectious wound, we might well deplore the unhappy fate, while we admired the heroic, self-sacrificing spirit which impelled millions of the fairest of the human race to encounter such a fearful risk every year. Experience and common sense, however, unite in denouncing the absurdity of the assertion.

The best practitioners insist upon the importance of rest, and have good recoveries as a result. Uterine and vaginal injections are of service at times, but the necessity for their employment can always be determined by an observation of the pulse, temperature, and general condition of the patient. Their routine use cannot be too strongly condemned. We agree with Dr. Dolan that in midwifery practice—(1) Cleanliness is all essential, both for patient and for medical attendant. (2) That after delivery the usual ablutions must be carefully and properly done by the nurse. (3) Provided that general cleanliness is observed, there is no necessity in ordinary cases for carbolic, permanganate, or corrosive sublimate injections. (4) There are, however, cases where injections are essential, and *if the thermometer be used daily* in all *post partum* cases, the rise in temperature will indicate any septic changes, which may demand resort to such a class of injections. (5) In cases where instrumental delivery has taken place, or after turning or laceration of perineum, or retained placenta, injections are indicated. (6) We believe that natural labors are the rule, and not the exception, that the operative labors are few, and the cases of mishap in other ways are also few, so that resort to hourly injections, or the introduction of iodoform pessaries are not frequently required.

Dr. Dolan well says that women have not altered much since the days of Madam Boivin. She has given us the results of 20,357 confinements, of which number 20,183 were delivered without any aid, ninety-six by forceps, 201 by version, sixteen by perforation, and two by Cæsarean section. Meddlesome midwifery, however, can bring about more forceps cases, more craniotomies, more complications, and a higher death-rate.

## *SUNSTROKE; OR THERMIC FEVER.*

NO error can be fraught with more dangerous consequences than that of failing to discriminate between heat exhaustion and true sunstroke. The former is comparatively a mild affection, which does not differ in symptoms from any other form of acute exhaustion. It is characterized by dilated pupils, a cold, pale, and perspiring skin, a quick but feeble pulse, with great general prostration, and a tendency to syncope. Recovery ensues within twenty-four hours under rest and the administration of stimulants.

True sunstroke, or *coup-de-soleil*, is a far more terrible affection. It is characterized by contracted pupils, a hot, dry, and flushed skin, rapid, and forcible pulse, throbbing carotids, labored or stertorous breathing, with profound coma, or delirium and convulsions ending in coma. In the fulminant cases that have been observed, the unfortunate persons have dropped dead as if struck a mortal blow by an unseen hand. Contrary to the popular opinion, it is not necessary that the patient should have been exposed to the direct rays of the sun. For as was noticed by many distinguished observers, and practically demonstrated by Dr. H. C. Wood, Jr.,* in his experiments on animals, excessive heat and heat alone is the essential factor in this disease. Many of the worst cases have occurred at night, in houses, in tents, and in narrow defiles, where the sun never entered, but where the atmosphere was hot and stifling. It is, therefore, a true fever, and, as suggested by Dr. Wood, should be designated thermic fever, as expressive of its exciting cause.

The treatment, which must be instituted

* Thermic Fever, or Sunstroke, by H. C. Wood, Jr., M.D., J. B. Lippincott & Co., Philadelphia, Boylston Prize Essay.

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promptly, can be summed up in three words: *reduce the temperature.* It is the extraordinary high temperature which is burning up the patient, and which, unless speedily reduced, will cause death by paralysis of the heart. He should therefore be at once removed to a shady place in the fresh air, his head slightly elevated, and his whole body, especially his head and chest kept deluged with ice-water. An ice-cap, in addition, should be applied to the back of his head, until his temperature and pulse have fallen. Aconite internally will also probably be found beneficial in controlling the circulation. Morphia, hypodermatically, has been found to be of great value in cases characterized by restlessness and convulsions. If the attack has come on shortly after a meal there can be no doubt of the propriety of at once unloading the stomach by an emetic. If the patient is insensible, apomorphia gr. $\frac{1}{10}$ may be given hypodermatically. The Australian physicians produce emesis in these cases by the rectal injection of twenty grains of ipecac. They have always noticed an abatement of the symptoms as soon as vomiting began.

## COLLEGE GOSSIP.

### *Jefferson Medical College.*

Dr. S. D. Lazarus has located at Asbury Park, N. J.

The examination for the degree of M.D. will hereafter be a written one.

Dr. Emory Eshleman (Class of 1870) has removed to 1904 Girard Avenue.

Dr. J. B. S. Holmes, of Rome, Ga., was in Philadelphia on a visit recently.

Dr. Robert Oliver Kevin (Class of 1882) has removed to 1210 South Tenth Street.

Dr. F. H. Carrier (Class of 1878) was married on May 20th to Miss Anna F. Peale.

Dr. Solomon Solis-Cohen (Class of 1883) was married on March 24th to Miss Emily Grace.

Dr. Henry M. Neale was married on March 5th to Miss Ada L. Leisenring, of Upper Lehigh, Penna.

Dr. Chas. N. Williams (Class of 1884) was married on February 19th to Miss Emma J. Alford, of this city.

Dr. James D. W. Temple (Class of 1874) died at his residence, in Kenton, Del., on March 6th, of congestion of the brain.

Dr. Morris Longstreth has been appointed Lecturer on Pathological Anatomy, and will deliver lectures to the class once a week during the regular session.

Drs. D. H. Lake, J. C. DaCosta, Jr., Robert Coyle, and George S. Brown, of the Class of 1885, have been elected Resident Physicians to the Philadelphia Hospital.

A Maternity Department has been organized since the close of the last session. It is under the immediate charge of Professor Parvin, and will afford valuable opportunities to the advanced students for clinical instruction in obstetric practice.

### *University of Pennsylvania.*

Dr. Horace Y. Evans was married on May 27th to Ida M. Williams.

Professor Harrison Allen has been elected Emeritus Professor of Physiology.

Dr. Richard Burr (Class of 1846) died at his residence, in this city, on March 30th.

Dr. Judson Daland (Class of 1882) has removed to 319 South Eighteenth Street.

Dr. Griffith E. Abbott (Class of 1879) was married on April 29th to Miss Grace Lee Babb.

Dr. G. Betton Massey, of Philadelphia (Class of 1876), was married on March 25th to Miss Harriet L. Stairs.

Dr. Joseph Klapp (Class of 1839) died of pneumonia recently at his residence in this city, in the sixtieth year of his age.

Dr. E. T. Reichert, Demonstrator of Experimental Physiology, has been appointed to deliver the lectures in Physiology during the coming year.

The one hundred and eleventh annual commencement of the Department of Medicine of the University of Pennsylvania was held in the Academy of Music on May 1st. There was a large attendance, and the front of the stage was brilliantly decorated. After prayer by the Rev. John S. MacIntosh, D.D., Professor William Pepper, Provost of the University, conferred the degree of M.D. upon 107 graduates in medicine, and the degree of D.D.S. upon forty-nine graduates in dentistry. The Valedictory Address was delivered by Dr. D. Hayes Agnew, Professor of Surgery and Clinical Surgery.

### *Philadelphia Polyclinic and College for Graduates in Medicine.*

Dr. H. Augustus Wilson has been elected Professor of Fractures and Dislocations and Secretary of the Faculty.

Dr. B. F. Bauer, President of the Philadelphia Obstetrical Society, and late Demonstrator of

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Diseases of Women in the University of Pennsylvania, has been elected Professor of Diseases of Women and Children.

*University of the City of New York.*

Dr. Lewis A. Stinson has been elected to the Chair of Anatomy, made vacant by the death of Dr. William A. Darling.

# MEDICAL NEWS AND MISCELLANY.

DR. WILLIAM CLENDENIN, of Cincinnati, Dean of Miami Medical College, died on May 23d.

DR. MORRIS H. HENRY, of New York, has received the Gold Cross of the Royal Order of the Saviour, from the King of Greece, for his distinguished services to medical science.

DR. M. LANDESBERG, one of our most esteemed and industrious contributors, is now on a pleasure tour to the Continent for the recuperation of his health and renewal of the friendships of old. He was warmly received and treated with distinction by Javal, Galewsoski, Meyer, and Wecker, of Paris; in Rome, by Moleschott, Angelorri, and others. A well-deserved tribute and recognition of his excellent clinical and literary work.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.—At the recent annual meeting, held in New York, the following officers were elected for the ensuing year: President, Dr. William Pepper, of Philadelphia; First Vice-President, Dr. Frank Donaldson, of Baltimore; Second Vice-President, Dr. Beverly Robinson, of New York; Secretary and Treasurer, Dr. J. B. Walker, of Philadelphia; Members of the Council, Dr. J. C. Wilson, of Philadelphia; Dr. E. D. Hudson, Jr., of New York; Dr. E. T. Bruen, of Philadelphia, and Dr. J. H. Tyndale and Dr. F. H. Bosworth, of New York.

A NEW TEXAS JOURNAL.—Dr. F. E. Daniel, the founder and former editor of The Texas Courier-Record of Medicine, has withdrawn from that publication, having sold his interest to Dr. W. B. Brooks, and will, with the July number, begin the publication of a new medical monthly at Austin, Texas, to be called DANIEL'S TEXAS MEDICAL JOURNAL. It will be a live, wide-awake journal, devoted to the advancement of medical and sanitary science in the Lone Star State, and to that end will advocate perfecting the organization of the profession. Dr. Daniel's force and individuality as a medical writer and sparkling commentator on current events in the medical world, are now well known, and have won for him a brilliant reputation. We wish him much success in this enterprise. THE MEDICAL BULLETIN has perfected clubbing arrangements with this new enterprise, so that both can be furnished at $2.50 by writing to either journal.

ABDOMINAL SURGERY.—On June 10th Dr. Sutton, of Pittsburgh, did his thirty-fourth abdominal section, the twenty-first in his private hospital. Of the twenty-one cases done in the private hospital eleven were ovariotomies, with ten recoveries and one death. The remaining eleven cases were abdominal sections for pelvic abscess, resections of the small intestine, and supra-vaginal hysterectomies for fibroid tumors, and one supra-vaginal hysterectomy with both ovaries for the cure of diseased ovaries and tubes with an incurable hysteralgia. Of these remaining eleven cases five died, viz: one case of intestinal resection of hemorrhage from the kidneys, on the eighth day after operation; one case of sarcoma, the tumor being very large and chronic peritonitis being present, death on the fifth day from embolus of left pulmonary artery; one case of supra-vaginal hysterectomy for immense fibroid died of tetanus, and one similar from septicæmia, and one case of supra-vaginal hysterectomy for large fibroids died of secondary hemorrhage. Of those recovering there were three cases of supra-vaginal hysterectomy with both ovaries.

MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.—The one hundred and nineteenth annual meeting of the New Jersey State Medical Society was held in Long Branch on June 9th and 10th. Dr. P. C. Barker, of Morristown, President of the Society, occupied the chair.

The meeting was opened with prayer by Rev. Stephen Wickes, of Orange, after which the report of the Committee on Organization was read.

Dr. S. H. Hunt then delivered an address of welcome on behalf of the physicians of Monmouth County.

The Society extended an invitation to all visiting physicians to sit with the Society during its sessions. Among the visitors were Professor William H. Pancoast, Dr. John V. Shoemaker, Dr. Henry F. Formad, and Dr. Albert Fricke, of Philadelphia; Professor Beckwith, of Connecticut, and Professor Beverly Cole, President of the State Medical Society of California.

At the evening session the annual address by the President, P. C. Barker, M.D., was delivered; subject, The Present Status of the Germ Theory of Disease.

The report of the Committee on Medical Jurisprudence was read by E. L. B. Godfrey, M.D., of Camden. The report set forth the necessity of "experts" being called by the court, instead of by parties interested in suits at court.

A number of other valuable papers were read, after which the following officers were elected for the ensuing year:—

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President, Dr. Joseph Parrish, of Burlington; Corresponding Secretary, Dr. William Elmer, Jr., of Trenton; Recording Secretary, Dr. William Pierson, of Orange; Treasurer, Dr. W. W. L. Phillips, of Trenton.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The thirty-sixth annual session of the Medical Society of the State of Pennsylvania was held in Scranton, Pa., on May 27th, 28th, and 29th. The President's address was delivered by Dr. Ezra P. Allen, of Athens, Pa., after which Dr. I. F. Everhart and Judge Alfred Hand delivered addresses of welcome on behalf of the profession and the citizens of Scranton.

Dr. Henry H. Smith, of Philadelphia, then announced that the bill establishing a State Board of Health for Pennsylvania had just been passed by the Legislature. The report of the Committee having the matter in charge was received, and the following resolution adopted:—

*Resolved*, That the Society has learned with great satisfaction of the final passage through the Legislature of this State, of the Act to create a State Board of Health, and that it hereby tenders its thanks to the Hon. Robert Adams, Jr., Senator from Philadelphia, and to the Hon. Henry K. Boyer, Representative from Philadelphia, for their earnest, untiring, and successful efforts to secure to the people of this great Commonwealth so important a safeguard as is anticipated from the organization of this Board.

Some more routine business was transacted, after which the resolution passed last year forbidding the publication of papers read before the Society was rescinded.

The report of the Committee on Lunacy and Idiocy was read by Dr. S. S. Schultz, of Danville, Pa., who also delivered the Address on Mental Disorders. The Address on Hygiene and State Medicine was delivered by Dr. J. G. Richardson, of Philadelphia, and the Address on Otology, by Dr. Charles S. Turnbull, of Philadelphia. Dr. Edward Jackson, of Philadelphia, followed with a paper on The Diagnosis of Incipient Cataract. Dr. F. D. Castle, of Philadelphia, presented a paper on Some Points in Ophthalmology which may be of Interest to the General Practitioner.

The Address in Medicine was delivered by Dr. E. T. Bruen, of Philadelphia, after which papers were read by Dr. Henry H. Smith, of Philadelphia, on The Non-Contagiousness of Cholera; by Dr. William F. Waugh, of Philadelphia, on A New Treatment of the Alcohol Habit, and by Dr. Spencer M. Free, of Dagus Mines, on Morphia in Cholera Infantum. Dr. John H. Packard, of Philadelphia, presented a paper describing a New Tracheotomy Tube, and a new method for keeping the opening free. In the discussion that followed, Professor William H. Pancoast stated that he had discarded all tracheotomy tubes years ago. They could do no good in any case, and only acted as irritants. The trachea is cartilaginous for more than two-thirds of its circumference, and its walls are consequently prevented from collapsing, or from coming into contact with each other. Sometimes he simply cuts an oval piece out of one of the rings. At other times he makes an incision through one or two rings, and allows sufficient air to enter by keeping the edges of the incision apart by two wires passing around the neck.

The Address in Obstetrics was presented by Dr. C. A. Rahter, of Harrisburg. A paper on The Mechanical Dilatation of the Cervix was read by Dr. Charles Meigs Wilson, of Philadelphia.

The Address in Surgery was read by Dr. E. A. Wood, of Pittsburgh, Pa. Dr. Addinell Hewson, of Philadelphia, then read a paper on The Topical Uses of Earths, and The Use of the Electric Light in Diagnosis. Papers were also read by Dr. H. R. Wharton, of Philadelphia, on Osteotomy for Correction of Deformities in the Lower Extremities; by Dr. W. D. Kearns, of Pittsburgh, on Retroflexed Splints for Fractures of the Fore-Arm, and by Dr. Benjamin Lee, of Philadelphia, on "Nil Desperandum" in Spinal Caries; on The Plymouth Epidemic, by Drs. Taylor, of Wilkesbarre, and M. S. French, of Philadelphia; on Eruptions Due to the Ingestion of Drugs, by Dr. Arthur Van Harlingen, of Philadelphia, and on Soaps, Especially Medicated, in Diseases of the Skin, by Dr. John V. Shoemaker, of Philadelphia.

The officers of the Society for the ensuing year are—

President, E. A. Wood, M.D., of Allegheny County.

Vice-Presidents, Hiram McGowen, M.D., of Dauphin County; E. J. Russ, M.D., of Elk County; A. H. Sheaffer, M.D., of Mifflin County; and C. C. Halsey, M.D., of Susquehanna County.

Permanent Secretary, W. B. Atkinson, M.D., of Philadelphia.

Recording Secretary, G. D. Nutt, M.D., of Lycoming County.

Corresponding Secretary, J. H. Musser, M.D., of Philadelphia.

Treasurer, Benjamin Lee, M.D., of Philadelphia.

Members of the Judicial Council, J. L. Stewart, M.D., of Erie County; S. S. Schultz, M.D., of Montour County; and Henry H. Smith, M.D., of Philadelphia.

Chairman of Committee of Arrangements for next meeting, T. H. Helsby, M.D., of Williamsport.

The next meeting will be held on the first Wednesday of June, 1886, in Williamsport.

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## *REPORT OF INTERESTING CASES*

TREATED AT

## *THE SURGICAL INSTITUTE,*

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from last number)

THE utility of the methods just described, of combining vacuum treatment with massage and systematic movement exercises, is not wholly limited to cases of infantile paralysis. The so-called "hysterical" variety of paralysis is invariably amenable to this method of treatment, and the "rheumatic paralyses" yield with perhaps more certainty than by any other method. The following case illustrates a familiar type:—

Mrs. F. E. F., æt. 37. Legs flexed, stiff, and powerless from repeated rheumatic attacks; power of locomotion entirely gone; had been treated with numberless internal rheumatic remedies, administered by many physicians, but never manifested any improvement. On the contrary, she steadily grew more and more paralyzed and helpless. At the Institute extension braces were used to overcome the muscular contraction. The friction machine (Fig. 2) was freely used upon the limbs, as also the vibrating machine (Fig. 7), electricity, and the vacuum treatment (Fig. 6). By six months' work of this kind the muscular contractions were overcome; the rigid and powerless muscles resumed a good degree of capacity for normal work, and the patient left the Institute walking erect, with braces and a cane.

There are also many cases of peripheral paralysis in adults which are susceptible of benefit from the same method of treatment. These being essentially "paralyses of conduction," some degree of relief may be hoped for in all cases where there is not an absolutely irreparable nerve lesion. "Recovery occurs principally as the result of the restoration of the conductivity and excitability of the (whole) motor apparatus," and in some instances from a "regeneration of the motor nerves themselves."

If, as Erb (from whom we have just quoted), suggests, we are justifiable in regarding the "motor nerves, with their peripheral terminal apparatus, the muscles," as constituting "one whole and indivisible organ," the line of treatment we have described should be, as I think it is, by far the most satisfactory and successful. The impression thus made upon the muscles is invigorating and profound; and as should be expected from such an impression, it often reacts with decided benefit upon the motor nerves, promoting the return of the lost conductivity, and stimulating repair where repair is needed and yet remains possible.

The extent of the capacity for nerve repair in any given case it is impossible to foretell or foreknow; but it is present to a greater or less degree, and inclines to come into action at some period of the disease in a great many cases, no matter whether the nerve lesion be cerebral, spinal, or peripheral in its location. Even where the diagnosis points very clearly to the most destructive forms of idiopathic structural changes, fruitless attempts are apparently often made for nerve repair, as is evidenced by frequently repeated periods of temporary improvement. Unfortunately, in these cases the original cause is irremovable, and remains continuously in action—hence the result is inevitably unfavorable. When, however, the nerve lesion is essentially traumatic in its origin, whether the result of violence from without, or of accidental injuries occurring from within, such as effusions, congestions, etc., interfering with nerve function, or even provoking actual nerve lesions, the cause not being essentially continuous in its action, although the lesion may have been originally extensive and alarming, there is not only possibility of repair, but with proper treatment there may be a hopeful expectation of it. The remedy usually resorted to in such cases (in fact all cases of paralysis) is electricity. It is the panacea offered by the profession, the laity, and the charlatan. That it is a proper and useful remedy, if properly applied, there can be no manner of doubt. Yet I believe the results of its use are oftener injurious than useful, not because the remedy is an improper one, but because it is improperly used. Much has been said and written about the kind of electric current appropriate to special cases and special forms of paralysis. It is not, however, so much the kind of electricity, as the method, manner, and, above all, the extent of its use. Nothing can be gotten from electricity in paralytic cases, except such beneficial results as may occur from its stimulating effects. Many cases of paralysis, at some stage of the disease, are ripe for and need stimulus of this kind, and lucky hits are made just sufficiently often to keep the remedy in good repute. Nevertheless, I have seen very many cases where the remedy had been sadly misused and over-used, to the great and lasting

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detriment of the patient. In the first place, it is often used too early. This mistake is made in a large number of cases where there is a recent lesion that might be said to be in an acute stage. To apply either a galvanic or faradic current to an acutely affected nerve trunk is a therapeutic measure about as sensible as would be the application of a mustard plaster to an irritable ulcer. Unfortunately, there would usually be no pain in the former case so that the patient would be impelled to resist it; but the result is infinitely more disastrous. Secondly, the currents are generally used very much too strong, and the seances are continued too long. That a very mild electrical current, either faradic or galvanic, is often restful and restorative to a healthy, fatigued nerve or muscle, is indisputable. That a strong current, long persisted in, causes and increases fatigue is equally indisputable. In fact, strong electrical currents counteract and lessen the vitality of the parts operated upon, causing the muscles to feel tremulous and exhausted. Yet the almost universal practice seems to be, the greater the paralysis (*i.e.*, the less the vitality) of the parts, the stronger the current used. If the poor, half-atrophied nerves and muscles do not readily respond to an ordinary current, the actual procedure is to push on the current to the utmost and see if it can be forced to do so! The slender hopes of recovery incident to paralytic cases often thus receive their finishing stroke by the indiscriminate and unskilful overuse of electricity. In the hundreds of infantile paralytic cases that are presented for examination at the Institute, I am always best pleased when I am called upon to treat neglected cases, or at least cases in which electricity has not been misused.

The terminal ends of the motor nerves are so closely interwoven with the muscular tissue, that their nutrition and condition, healthful or otherwise, must be in great measure dependent upon these same points in the condition of the muscle itself. Moreover, it is inconceivable but that the terminal ends of the motor nerves must be more delicately organized than the nerve trunks themselves, which, in one sense, are only paths for the transmission and conduction of the nerve currents; now if this be so their condition would be a highly important factor in all processes of repair in the motor nerves themselves, or even in centric lesions at the other end of the nerve tract. To permit the ruin of the motor nerve termini to occur through the atrophy and withering of the paralyzed parts, or to impair (perhaps destroy) them by powerful and long continued electrical currents, is to shut off an important channel whereby the nerve tract may be reached and favorably influenced and assisted in the process of nerve repair. It hence becomes a matter of the greatest moment to prevent the impairment of nutrition, and the progressive atrophy so common in the paralyzed muscles, or even further than this, to restore the organic vital forces of the paralyzed muscles as far as it may be possible to do so.

This is the theory upon which the vacuum and massage combination treatment practised at the Institute is based. Favorable impressions can sometimes be temporarily made, even on hopeless old cases of tabes, sclerosis, etc. Several experimental cases could be cited, but the actual, ultimate results were *nil*, except to indicate and confirm the potency of the treatment, and show that the numerous favorable results in cases susceptible of improvement were not mistaken inferences drawn from accidental coincidences.

Of spinal paralysis the following cases are cited:—

A. R., æt. 41, merchant. Paraplegia of thirteen years' duration. Thought he could trace his condition to a pretty serious fall from a scaffold some months before the paraplegia came on. He first presented himself at the Institute in a rolling chair, in which he had wheeled himself about for a dozen years. He was utterly unable to walk, but could with difficulty balance himself and stand a few moments by supporting himself with both hands between two chairs, but on making this effort his limbs would quickly begin to tremble, and if he did not immediately sit down he would fall; sensation in both limbs was greatly impaired. He could move the toes imperfectly and flex the leg upon the thigh with difficulty. He had perfect control of the bladder, but irregular and imperfect control of the bowels. Suffered from alternate attacks of diarrhœa and constipation. There was a tender spot for about six inches along the spine in the lumbar region. The general health was good and nutrition perfect. We gave him a very unfavorable prognosis. As he insisted upon treatment, however, we accepted him as a patient. A brace support was applied to spine, and the vacuum treatment, combined with free use of friction and vibratory machines, was diligently persevered in for nine months. As a result, the patient was able to stand without trembling for ten minutes at a time, and could walk about two hundred feet with only light hand-trestle supports.

This is not, *per se*, very much of a result, but in a case so hopeless, it was an unexpected evidence of the favorable effect of this particular method of treatment.

[To be continued.]

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## BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Surgeon to Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Surgeon to Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. J. G. Wiltshire has been chosen Professor of Ophthalmology and Otology, at the Baltimore Polyclinic, to succeed Dr. Coleman, who moved to Chicago two months ago.

Dr. Randolph Winslow has purchased a house on Mount Royal Avenue, where he is now living. He continues to have morning hours at his old office on Biddle Street.

Dr. C. C. McDowell has decided to practice dentistry in conjunction with his father, Dr. W. S. McDowell. The latter gentleman has one of the best dental practices in the city.

Dr. C. A. Cooke, of the Presbyterian Eye and Ear Hospital, has gone to Europe.

Dr. Harry Berkley (Class 1881), who has been studying at Vienna for two years, and who was called home in the spring by his father's death, left Baltimore last week to return to Europe.

At a late meeting of the Baltimore Academy of Medicine, the following officers were elected for the ensuing year: Dr. J. J. Chisolm, President; Dr. A. B. Arnold, Vice-President; Dr. C. C. Bombaugh, Secretary; Dr. G. Lane Taneyhill, Treasurer; Dr. J. E. Michael, Chairman of Executive Committee.

At the meeting of the Medical and Chirurgical Faculty of Maryland in May last, the two following important resolutions were adopted: (1st) Appointing a committee of five to secure the passage of a law regulating the practice of medicine in Maryland. (2d) So altering the Constitution of the Faculty as hereafter to allow women to become members.

The C. A. Vogeler Company, proprietors of St. Jacob's Oil, have entered suit against Messrs. A. C. Meyer & Co., proprietors of "Salvation Oil," for infringing upon their rights. The best legal talent of the city has been engaged by the two parties to the suit. Your correspondent was recently informed by a gentleman, who is in a position to know, that the suit will probably be "long and expensive, and will show up some of the means by which patent medicine men palm off their wares on a credulous public."

The Maryland Medical Journal of June 20th contains the announcement of the Baltimore Medical College. Several new names appear among the Faculty. Dr. E. Meierhof has been made Professor of Ophthalmology and Otology; Prof. W. P. Tony, of Chemistry; Dr. A. C. Pole, of Anatomy, and Dr. David Street of Principles and Practice of Medicine.

## OUR ADVERTISERS.

AN INVENTOR PROTECTED.—It gives us much satisfaction to note that in the case of Dr. Carl L. Jensen against the firm of Keasbey & Mattison, of this city, for their alleged infringement of his patented methods of manufacturing crystallized pepsin, the Circuit Court of the United States rendered a decision protecting Dr. Jensen in his rights, and putting a stop to the manufacture or sale of his product by the firm named. Not only is this law, but we are convinced that it is justice as well. A scientific man, who, through later years, has developed a process for the production of a chemical, and then gives the process publicity through the means provided in the patent laws, should certainly reap the returns of his toil and knowledge for the limited time provided by the laws.

The Court said, "That the plaintiff's patented product, 'peptone pepsin,' is of great utility and patentable, is undoubted. The infringement is conclusively proved. The defense, that for more than two years prior to the patentee's application, this article has been exposed to sale, and second, that it had been described in certain publications, is not sustained by proof. No such article is shown to have been on sale, and no such process as employed by the plaintiff, or article manufactured by him, is shown to have been thus described.

"Pepsin had been manufactured and sold for many years, but no 'peptone pepsin,' such as this patent describes. The publications relied upon show nothing more than suggestions and speculations of scientific writers, who had never tested the practicability of their suggestions, or demonstrated the truth or value of their speculations."—*Med. and Surg. Reporter.*

A PERFECTLY ASSIMILABLE COD LIVER OIL.—Experience, the greatest of all teachers, has demonstrated that, in a large number of cases, Cod Liver Oil is beneficial for a few weeks, that the patient improves upon it, gains flesh and strength, but, unfortunately, this improvement does not continue; right in the midst of flattering prospects the patient comes to a halt, ceases to gain weight, or otherwise improve. Physicians have experimented for years in their endeavor to overcome this objection; it has finally been accomplished by Drs. G. Overend Drewry and F. C. Bartlett, of London, England, who, by by means of pancreatine, have succeeded in perfectly digesting or hydrating the oil, thus giving to the profession cod liver oil in a perfectly assimilable form, overcoming the only objection to its continued use. This hydrated oil is christened Hydroleine, and after nearly five years of extended trial it has been extensively approved of. —*Canada Med. and Surg. Journal.*

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THE

# MEDICAL BULLETIN:

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## MEDICINE AND SURGERY.

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## CLINICAL LECTURES.

### *METRORRHAGIA FROM FIBROID; IRREGULAR MENSTRUATION*

WITH FIBROID TUMOR; CANCER OF THE UTERUS PRODUCING VESICO-VAGINAL FISTULA.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology in the University of Pennsylvania.
[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first case is a young girl 28 years of age, suffering with metrorrhagia, who four years ago noticed a lump in the left iliac region. You remember what I have said to you so often, and it is a favorite subject with me at examination, and I beg you to remember it not simply because you are liable to be asked questions about it at examination, but because it is a very practical matter, and that is, when a woman who has not borne children comes to you with a history of hemorrhage, the trouble is almost always due to a benign tumor. It may be a fibroid tumor of the womb, it may be a polypus, or it may be fungus vegetations inside of the womb. When, however, a woman who has borne children comes with a history of hemorrhage, especially toward the climacteric, that is, from the age of forty to forty-five, the bleeding will most likely be due to malignant growth. If the bleeding appear after the occurrence of the climacteric, I will venture to say that in ninety-nine out of a hundred cases it is due to carcinoma. This is so important a matter that I will repeat. If a woman who has never borne children, and the younger the better for this conclusion, complains of hemorrhage and a tumor, it is probably due to a benign growth, and, in the majority of cases, will prove to be a fibroid tumor. If there is no tumor, the bleeding may be due to the presence of fungus vegetations, or a polypus, but whatever it may be, it will be benign as a rule. When a woman who has borne children gives a history of hemorrhage, it is very likely due to carcinoma, for there has been a laceration of the neck of the womb produced by the birth of a child, and that laceration is liable to degenerate into a carcinoma. If, however, the womb has passed the change of life, say the menses have stopped at the age of forty-five, and she has had no loss of blood for three or four years, when hemorrhage again appears, I think that I am safe in saying that in ninety-nine cases out of every hundred the bleeding will be due to carcinoma.

This woman is said to be twenty-eight years of age, and has a hemorrhage and also the presence of a lump. I presume that we shall find a fibroid tumor; still she is rather young to have a fibroid tumor. A fibroid tumor at the age of twenty-eight is a rare occurrence in the white race. In the colored race it is not infrequently seen at this age.

I shall now examine her, but to-day I am going to follow a different rule from the one which I have given you. I have told you to always make vaginal examinations with your left hand. I shall to-day use my right hand because I wish to keep my left hand perfectly clean, for immediately after the lecture, I intend to perform an oöphorectomy. I find the womb much enlarged and running over to the

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left side. I also find the lump to which she has referred. I also discover directly behind the uterus a tumor which seems to project from the body of the womb. The question comes up, What have we in Douglas's cul-de-sac? To decide that point, I should pass the sound, but I shall omit that to-day, because it would necessitate the introduction of my left hand into the vagina. By passing the sound and moving the uterus, I could determine whether or not this body was connected with it. There is only one symptom which makes me think that this may not be a fibroid tumor, it is tender on pressure. We occasionally come across a sensitive fibroid tumor which is in a state of congestion, or sub-acute inflammation, if you will, and this sensitiveness would be apt to lead one astray.

So long as we have not made a complete diagnosis, what treatment shall we institute? We shall keep the patient under observation and decide what is to be done. She has metrorrhagia; would it be advisable to curette? I think that there are vegetations, because there is congestion from the very presence of the tumor. As a consequence of this congestion there is increased growth, not only in the uterine tissue proper, but also in the mucous membrane. This leads to the formation of little granulations which we call fungous vegetations. In ordinary cases, it would be proper to curette a womb which contains these fungous vegetations, but a womb which contains a fibroid tumor is a vulnerable womb, that is to say, it resents insults, to use an expression which the Germans employ. It sometimes resents the passage of a sound, and it resents forcible dilatation of the cervix. I am careful how I dilate the cervix of a womb which is the seat of a fibroid tumor. I do it sometimes, but I operate with great care. Curetting is a little hazardous in a womb containing a fibroid tumor, and it might produce a peritonitis difficult to control. I shall therefore, at present, not use the curette, for this is a case that will keep. This is not going to kill her, or at least would not kill her for a good many years.

I shall to-day order her the remedies which are *par excellence* the best for fibroid tumors of the womb, and these are the ammonium chloride and ergot. I shall give ten grains of the chloride of ammonium and twenty drops of the fluid extract of ergot in solution before meals, if it does not derange digestion. These remedies seem to act better when taken before meals. If she cannot bear twenty drops of the fluid extract of ergot, the dose will be decreased to fifteen. We shall have her return in two weeks from to-day.

Before she leaves the room, I wish you to look at her face.

[The patient was then removed.]

She has the complexion usually seen in cases of fibroid tumor. That is, a muddy hue of the countenance. I feel certain from her face that she has made a mistake as to her age, and I would venture to say that she is near forty. It is very true that we come across people whose lives have been full of hardship, worry, and anxiety, who look much older than they really are, but still I feel confident that this woman has made a mistake of at least ten years in her age.

*Fibroid Tumor.*—The next case is one which I have not yet examined. She was sent to me by a physician who said that she had been in a small hospital in a mining town, and that she had suffered from excessive menorrhagia.

I first call attention to her face. Here is a complexion which indicates mischief somewhere. It may indicate one of three things, but which it is cannot be determined without further examination. It may be the complexion of one saturated with malarial poison. It may be the complexion of one who has lost blood. It may be the complexion of one with carcinoma. The history would render it probable that in the present instance it was due to loss of blood. Sometimes there is added to this complexion a peculiar leaden hue, and we know at once that it is due to carcinoma. As I have said, the complexion which this patient presents may indicate one of three things, either intense malarial poisoning, great loss of blood, or carcinoma, usually of the neck of the womb, from which point absorption seems to take place more readily than from other parts of the body. I do not mean to say that it is an absorption of the cancerous poison as such. When a woman has the cachectic face with the leaden hue of carcinoma, it does not mean that the poison of carcinoma as such has permeated the system. It simply means that she has absorbed something which has poisoned the blood; there is blood poisoning, not by cancer germs, but by septic germs. I say this knowingly, from experience, for when I remove the neck of the womb in these cases, and take away the raw sur-

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face, the complexion will clear up, the appetite return, and the woman will become rosy, showing that the cachexia has not been due to the absorption of cancerous matter as such.

This woman is 34 years of age, has been married eight years, and has had two children, the youngest of which is three years old. Neither of her labors were difficult. Two years ago she began to lose too much blood at the monthlies. She says that they come sometimes every two weeks, then perhaps would stay away for two months, and then returning she would lose blood for a month at a time. Once she did not lose a drop of blood for six months.

We have here a history of menorrhagia and metrorrhagia. There is a distinction between these two terms, to which I may as well refer at the present time. Menorrhagia means an increased monthly flow, while metrorrhagia means simply a bleeding from the womb. If a woman has her menses every month and loses a great deal, it is a menorrhagia. If she bleeds between times, or has a hemorrhage for six weeks, it is a metrorrhagia.

This case is a little perplexing. The troublesome point is, why is it that she went for six months without having her monthlies and then have them come on with a great hemorrhagic flow, which may return every two weeks, and again cease for a couple of months? Carcinoma might be thought of, but I do not think that it is carcinoma, for I cannot see, if such were the case, that she could go six months without losing any blood. It is impossible to make a diagnosis from the history, and I shall, therefore, proceed to the digital examination.

I find a perfectly sound cervix with no trace of carcinoma. The womb is very much enlarged by a tumor which fills up the pelvic canal. The surface of the tumor feels somewhat rough. The cervix is greatly elongated, but it has been very little injured by her labors. I should like to pass the sound, but shall refrain for the reason previously mentioned.

She was sent to me with the request that I should perform oöphorectomy. The physician stated that the hemorrhage had been severe, and that nothing that he had done had arrested the bleeding. At present, I do not feel warranted in removing the ovaries, for this is a serious operation in cases of fibroid tumor. The ovaries are sometimes drawn close to the tumor, and may, as I have seen them, be stretched out to a great distance over the growth. In one case one ovary was stretched out four and the other six inches. Sometimes it is quite easy to remove the ovaries. At times the tumor may be lifted out readily and the ovaries removed without trouble. On the other hand, we often find that the tumor has contracted adhesions to the pelvis which have to be broken up. In other cases, it is a question whether it is not better to remove the womb.

The neck of this womb is unusually long, and the tumor evidently occupies the upper segment of the uterus, and, as I have said, I am disposed to think that the growth is a fibroid tumor. There is, however, a possibility that the growth may be outside the womb. It might be in the broad ligament or down in Douglas's pouch, and give the impression of being fastened to the womb when it is not. Such growths are rare and are usually movable. I think, if the sound were passed, we should find that the womb measured very little more than normal, probably not over three inches. This tumor is evidently more sub-peritoneal than mural. I presume that the reason of the irregularity of the hemorrhages is, that when she has lost so much blood, it has taken the system a long time to produce enough blood to admit of the reëstablishment of menstruation. In some cases of fibroid tumor which I have seen, the menses, instead of being increased, have diminished in amount, and in some instances have disappeared altogether. My explanation of this is, that the tumor being more sub-peritoneal than mural, has in its growth pressed on the uterus, causing it to atrophy, and I have in such cases found the uterus much attenuated.

This patient will remain with us, and we shall give her ammonium chloride with tincture of the chloride of iron. At present she is losing no blood. We shall therefore give her these remedies, feel our way along, and wait for the appearance of hemorrhage. We shall give ten grains of the chloride of ammonium, associated with ten minims of the tincture of the chloride of iron.

There is a bare possibility that this tumor is malignant. I do not know that the introduction of the sound would clear up the diagnosis. The sound might remove a little fragment of the growth which would enable us to determine its character.

*Cancer of the Uterus, Invading the Bladder.*—I shall now bring in a case of carcinoma, and

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I wish you to compare the complexion of the patient with that of the one of whom we have just been speaking. In this patient the cachexia is due to carcinoma, while in the other case the cachexia is due to loss of blood, and if we had still a patient saturated with malarial poison also before us, I do not believe that it would be possible for you to distinguish one from the other. This last woman is 39 years of age, and has had five children, the youngest of whom is eleven years of age. She began losing blood a short time ago, and the last monthly period has been the worst. She has suffered considerable pain.

In this case, there is no use of using ambiguous language, for the patient knows what is the matter. Her physician has told her that she has a cancer of the womb. They gave her up, and she has come to us to see if something cannot be done to prolong her life.

[The patient was now removed.]

There are three forms of cancer which may attack the uterus—scirrhus, epithelioma, and encephaloid, but there is no doubt that they merge one into the other. The practical question is not so much is the tumor scirrhus, epithelioma, or encephaloid cancer, as it is a question whether or not the growth is malignant. There is only one thing about this differentiation, and that is that epithelioma is more amenable to treatment than either of the other forms. In the vast majority of cases, when cancer attacks the uterus it takes the form of epithelioma. There are some cases which seem to begin as scirrhus, and ultimately break down into the epithelial form.

There are certain popular fallacies about cancer of the uterus. One is that it is always accompanied with pain. Carcinoma of the neck of the womb does not usually produce more pain than most women experience at each period. It is only when the disease advances toward the internal os that pain is felt. When it ascends and invades the cavity of the womb the woman's sufferings are very great. You see in our practice in the dispensary the same thing. We hook tenacula into the cervix and apply powerful caustics without eliciting any sign of pain. Under some circumstances, just as cartilage, which is normally insensible, may become excessively tender, so the cervix of the womb will, under certain circumstances, become very sensitive, and the slightest touch will cause the patient to flinch, but, as a rule, in cancer limited to the neck of the womb there is no pain. There may be leucorrhœa, and that will certainly be if there is an open sore. This is a very common delusion. Over and over old physicians have said to me, "Oh, no, Doctor, it cannot be a cancer, there has been no pain." The idea of cancer is associated in their minds with lancinating pain, which cuts like a knife. When carcinoma invades external portions of the body which are well supplied with nerves these pains are present. The sensitive portion of the womb begins at the internal os, and the lining membrane is very sensitive.

I can give you a good idea of the insensibility of the cervix by relating a little incident which happened to me. I had operated on a delicate, refined lady, under ether, and removed a cancer of the cervix. A week or two later I found a point which had not perfectly healed, and I decided to apply the cautery. I said nothing to her, but had the assistant work the Paquelin cautery at the foot of the bed, where she could not see it, and I applied the hot iron to the raw surface. She did not feel it, and wondered where the smell of burning flesh came from.

Another fallacy is, that there is in every instance the cancerous cachexia. This is a great mistake. My impression is that one half of the cases which come to me do not present the cancerous cachexia. Instead of being lean, bony, and scrawny, with the leaden hue of the countenance, many of these cases present a buxom appearance, with rosy cheeks. It is my experience that such cases are less amenable to treatment, and operation is less liable to be followed by temporary benefit than in those cases which present the appearance of the patient before us. In our patient, if the disease were limited to the cervix, I should expect that the operation would do a great deal of good. Remember, then, that cancer of the uterus may exist without pain, and may appear in a woman with a blooming complexion.

Again, cancer may exist without bleeding. Before ulceration occurs it is not present, and even in the vegetating form it may be absent, although there is usually some discharge. This discharge need not be offensive, and this is another point which it is well to bear in mind.

I wish now to give you a little history of this case. She comes from a distance, and was brought here by her husband in great distress

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of mind. She had been told that she had a cancer. My own rule, to which exceptions are very rare, is never to tell a woman that she has a cancer. I speak of it as a bad ulceration. Many of my patients have known in their hearts that they have a cancer, and know that I know it, and yet the word "cancer" never passes our lips. Many women say to me, "Now, Doctor, if I have a cancer do not tell me." I advise you to adopt the rule which I follow. I do not want you to lie about it, but never tell a woman that she has a cancer if you can get out of it. Sometimes a patient will ask, "Is it a cancer?" Then I say to them, "It is of the cancer family. It is an epithelioma, which is the most manageable variety of the disease." You see that I have not told an untruth, and yet I have not taken away all hope, as I should have done if I said that it was a cancer.

This woman came in a very painful state of mind. As a drowning man will grasp a straw, so she was willing to embrace anything that might do her good. She tells me that she has five children and cannot bear to think of leaving them. I said to myself, must I send her away shutting out all hope by saying that nothing can be done, or shall I do something which will produce a little temporary benefit and send her home, thinking that I have done more than I really have. I debated this question in my mind, and I concluded that it would be cruel not to do something for her, to give her, as it were, a sort of euthanasia. I said to her, "While I cannot cure you, I may be able to do something which will do a great deal of good." She jumped at the idea, and I have not disillusionized her. She thinks that I am going to do more than I can do. I think it better to give her this gleam of hope, and let the dark fact that she cannot recover come on her gradually.

When I examined her, I found a great excavation. What I thought of doing was to scrape off the vegetations, and, if I dared, cover the part with nitric acid, but a symptom has appeared which shows that the disease has attacked the bladder, and I can do nothing for her. Three days ago she began to pass blood from the bladder. The urine does not trickle into the vagina, because there is no opening as yet, but the disease has involved the bladder, and in the course of a few days the tissue will break down, and there will be produced a vesico-vaginal fistula, through which the urine will trickle into the vagina.

I cannot bear to tell her that there is no hope. I am going to use injections of permanganate of potash for a few days, and then, if after making an examination, I think that if I dare, I shall make an application of nitric acid and temporarily arrest the discharge, and then I shall tell her that the disease is a very hard one to treat, but that sometimes women will get well, as they do occasionally by sloughing. I shall give her a remedy to tone her up, and also one to restrain the rapid advance of the growth. I shall give her iron, arsenic, ergot, and strychnia. Iron to build her up, ergot to contract the uterus and diminish the amount of blood going to that organ, arsenic, because it seems to have a specific effect on these growths, and strychnia, because it acts as a tonic, and also seems to restrain the advance of the growth.

Gentlemen, there is still one other thing. That woman has not long to live. My honest belief is that she will not see many weeks in the new year. Her sufferings will, I think, be excruciating. She ought to have as much opium or morphia as will make her comfortable. Some would object to this, saying that she would get into the opium habit. She will not live long enough to contract the habit. I say let us make the last end of her life as comfortable and peaceful as we can. Give her opium in any form or amount that she chooses to take it, exercising a little restriction in the beginning. I usually begin with suppositories containing one grain of the aqueous extract of opium. In this way the remedy is brought near to the painful part, and one grain used in this way is, I think, equal to two grains given by the mouth. After a time the parts may resent this and suppositories are expensive. Then give morphia either in solution or in granules. One of my patients took thirty-five grains of morphia per day for the last few days of her life, and I did not begrudge it to her.

This is then the history of a case of carcinoma. As I have said, I cannot bear to say cancer to these patients. If they are told that they have a cancer they go down hill rapidly. Some years ago I was asked to see a case in this city. The Doctor said to me, "This is a sensible, Christian lady, and, I think, if you find a cancer, it would be best to tell her so." I found a cancer and told her so. She took the announcement very calmly at the time. A short time afterwards I saw the physician, and asked him about this lady. He said, "She is

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dead. She had been going around the house, but after she knew that she had a cancer she never got out of bed, and went down hill rapidly." It is a cruel thing to do, so never do it if you can avoid it.

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## *DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.*

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

### LECTURE III.

MR. PRESIDENT AND GENTLEMEN: In the previous lectures we have passed in review the subjects of tendon reflex and electro-diagnosis. To-night, I purpose paving the way for studying the systematic and mixed lesions of the spinal cord. Not many years ago, a celebrated French humorist, afflicted with what we now know to have been posterior spinal sclerosis, being expostulated with by his friends for consulting every doctor of note, replied, "That he desired to be able to tell the angels in heaven how little the doctors on earth knew about diseases of the spinal cord." Already this opprobrium has been removed by the brilliant results obtained by a host of indefatigable workers in the field of neurology. By anatomical research, experimental physiology, and pathological observations, we have come to understand the anatomy, functions, and diseases of the different portions of the spinal cord but little less clearly than those of any other organ of the body.

In investigating diseases of the cord caused by blows, tumors, or focal softening, which may take place at various levels, it must be borne in mind that the cord does not extend the whole length of the spinal canal in the adult, but ends at about the lower border of the first lumbar vertebra. In the cervical region the differences in the relative heights of the origins of the various pairs of nerves and vertebræ from which they are named, and at which they make their exit from the canal is least, but as we descend this difference in height of nerve origin and its corresponding vertebræ increases, and, in the lower portion of the spinal canal, the nerves, forming the cauda equina, have a long course after leaving the cord before reaching the foraminæ, through which they pass (Gowers). As non-inflammatory softening of the cord, when it occurs, is usually found in the lumbar region, it will be well in this connection to call your attention to the blood supply of different portions of the cord. According to Dr. Moxon the upper portion has more ample means for its nourishment than the lower. I quote the latter part of his description of the arteries of the cord: "In the part of the cord corresponding to the neck, upper extremities, and trunk, where the nerve roots are short, the reinforcing arteries are also short, and they reach and join and furnish blood to the spinal arteries, so that in this part of the cord every segment of it is supplied with blood from two directions, the anterior spinal artery blood from above, and the reinforcing artery from below. But when you approach the tip of the cord the supply from below becomes exceedingly precarious, and even apt to fail entirely, because, upon the long strands of the cauda equina, the small arteries are too narrow and too long to reinforce the blood with any certainty. But, at the same time, the supply from above has to be furnished with greater difficulty than in the upper regions of the cord, because the original anterior spinal artery is very far away, and the reinforcing arteries, even in the lumbar region, have to run considerably longer courses than they had in the cervical region."

The spines, the only portions of the bony column that we can feel, do not exactly correspond in height with their respective vertebræ. In the cervical region the spines are nearly opposite the lower borders of their own vertebræ. In the dorsal portion, from the first to the eleventh spine inclusive, the tip of each spine corresponds to the upper border or middle of the vertebra below; whilst in the lumbar region the spines slope less, and are opposite their own vertebræ.

In attempting to locate lesions occurring at different levels of the spinal cord, we are materially assisted by first ascertaining what nerves are involved in the diseased process. But to do this we must know the relations of the origins of the spinal nerves to the spines of the vertebræ. The first two cervical nerve origins are above the first cervical spine. The third cervical nerve origin corresponds to the first cervical spine, the fourth to the second, and so on to the eighth cervical nerve, which takes its

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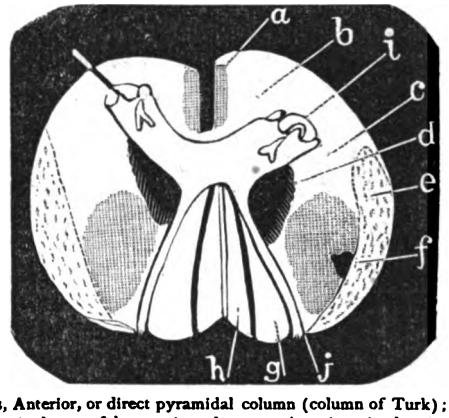
origin opposite the sixth cervical spine. The seventh cervical spine corresponds to the origin of the first dorsal nerve, the interval between the last cervical and first dorsal spines to the origin of the second dorsal nerve, the second dorsal spine to the fourth dorsal nerve origin, the third to the fifth, the fourth to the sixth nerve origin, and so on, each nerve origin being in number two in advance of the spine opposite which it takes its origin, to the tenth dorsal spine, which corresponds nearly with the origin of the twelfth dorsal nerve. The origins of the lumbar and sacral nerves are found between the spines of the eleventh dorsal and second lumbar vertebræ. [See diagrammatic representation of the vertebræ, their spines, and the relation of the latter to the nerve origins, on page 6 of Diseases of the Spinal Cord by Gowers.]

If we examine a transverse section of the cord in the cervical portion, we shall find it anatomically composed of two lateral halves incompletely separated from each other by the anterior median fissure and posterior median septum. The two halves are connected by a commissure of gray and white matter. The anterior portion of the commissure is made up largely of white, connecting fibres, and is known as the anterior or white commissure; the posterior portion is composed of gray matter, and is called the posterior or gray commissure. In the centre of the latter is found the central canal of the spinal cord. The gray matter is completely enveloped by white nerve fibres, which have a longitudinal direction. The gray substance of each half approaches nearest the external surface of the cord anteriorly and posteriorly, forming the anterior and posterior cornua. The anterior cornua contains the large multipolar cells, whose diseases form so important a part of the pathology of the spinal cord, and give origin to the anterior or motor nerve roots. The posterior cornua are narrow, extend almost to the posterior surface of the cord, and are connected with the posterior or sensory nerve roots. The white matter of the cord is external to the gray. That portion, on each side, between the posterior cornua and posterior median septum is known as the posterior column, whilst that which extends from the posterior cornu to the anterior median fissure, is designated the antero-lateral column. Charcot says, "The experimental method has not sensibly modified these data of descriptive anatomy, in the analysis of the functions of the different fasciculi, and the several parts of the gray substance. It has distinguished the properties of the antero-lateral fasciculi, taken as a whole, also those of the posterior, and of the two great regions of the gray substance, and it has not gone much beyond that." (Diseases of the Spinal Cord.)

But careful pathological observations, and the comparatively recent researches of Flechsig and Parrot on the development of the spinal cord in embryo and during infancy, have subdivided the so called anatomical columns into a number of fasciculi, most of which have distinct functions, but each individual fasciculus has apparently little more relation to adjacent fasciculi than that of continuity.

Fig. 1.




*a*, Anterior, or direct pyramidal column (column of Turk); *b*, Principal mass of the anterior column; *c*, Anterior mixed region of the lateral column; *d*, Lateral boundary layer of the gray substance; *e*, Direct cerebellar fibres; *f*, Crossed pyramidal column; *g*, Posterior external column (column of Burdach); *h*, Posterior internal (column of Goll); *i*, Anterior nerve root; *j*, Posterior nerve root.

The anatomical posterior column has been divided into two fasciculi. The internal fasciculus, known as the posterior internal column, or column of Goll, is narrow, and extends from the posterior median septum to a slight depression on the posterior external surface of the cord, a little to the outer side of its median line (*h*). The remainder of the white matter found between the posterior internal column and the posterior cornu, constitutes the posterior external column, column of Burdach, or posterior root zone of Charcot (*g*). In like manner the antero-lateral column of the books has undergone subdivision into six fasciculi (Flechsig), the functions of only two of which are definitely known. The posterior portion of the lateral column is occupied by the crossed pyramidal column (*f*), which is large in the cervical region,

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and does not in this situation extend up to the surface of the cord. As the crossed pyramidal column descends, it approaches the surface nearer and nearer, its fibres become fewer and its size smaller, until we trace it into the lumbar region, where it is quite small and reaches the surface of the cord. Between the surface of the cord and the crossed pyramidal tract, in the cervical and dorsal regions, is a narrow space, which contains the direct cerebellar tract or fibres (*e*). Internal and anterior to the crossed pyramidal column is a mass of white matter, which bounds the gray substance externally, and is known as the lateral boundary layer of the gray substance (*d*). These fibres of white matter, as we shall see when we come to study the functions of the different fasciculi, appear to have some pathological interest. On each side of the anterior median fissure are narrow columns of white matter, which form the direct pyramidal tracts or columns of Türk (*a*). The white matter (*b*) between the direct pyramidal tract and the anterior nerve root, and the white substance (*c*) found between the anterior nerve root and the crossed pyramidal tract are mentioned by Flechsig in his subdivisions of the antero lateral column of the cord, but of their functions and pathological significance we are entirely ignorant. I therefore deem it unnecessary to more than refer to their situation.

[Concluded next month.]

# ORIGINAL COMMUNICATIONS.

## *MEDICAL LEGISLATION AND "STATE MEDICINE," IN TEXAS.*

[Read by invitation before the Convention of the Association of American Medical Editors, New Orleans, April 27, 1885.]

BY F. E. DANIEL, M.D., AUSTIN, TEXAS,
Editor Texas Courier-Record of Medicine, Secretary Association of American Medical Editors, etc.

[Concluded from the July number.]

THERE is published at the capital, in their interest, and under the auspices of the said Association, a little pamphlet, which, while claiming to be a "medical journal," is, in reality, admittedly, a "missionary" publication for the popularizing of homœopathy. It is freely and gratuitously distributed among the laity, and as freely circulated amongst the members of the Legislature. Its chief aim and object, next to putting money into the pocket of the person who seems to be running the homœopathic machinery in the State—the editor (?) so-called—is taking advantage of our no-laws, and the absence of restrictions on the practice, to promote the immigration of others of their persuasion, who find it uncomfortable in States like Illinois and West Virginia, by advertising "good openings for homœopathic physicians in Texas." This person had the precious assurance to propose to the committee from the Texas State Medical Association, a "joint conference to frame a bill equally acceptable to both schools." Of course, this impudent proposition was thrown into the waste basket, and the writer was informed that "the Committee on Medical Legislation had no authority to entertain any such proposition." This refusal, as, indeed, every pretext, even to personal affronts which his presumption entailed on him, was used to create in the minds of the people, and of the legislators particularly, the impression that the effort at legislation on the part of the Texas State Medical Association (the "old school" as they call it) was a "blow at the extinction of homœopathy." So successful was their game, through the aforesaid publication—by letter, by newspaper publication, by circular and pamphlet, and by personal buttonholing of the credulous "Solons" (as the members of the Nineteenth Legislature were called in derision)—that they did, indeed, by persistent misrepresentation, perversion of facts, and downright falsification, create a belief that the whole thing was a "doctors' fight," that the "weaker party," as they represent themselves, was being oppressed and persecuted; and thus was engendered a spurious sympathy for the "little dog in the fight," and, gentlemen, this too in the face of repeated assurances to the contrary, assurances that the object of the proposed legislation was the restriction of the privilege of practising medicine to the hands of those who are qualified for the grave responsibilities without regard to diploma, and without regard to the source whence the qualification and fitness were acquired; examination on branches supposed to be taught in all schools being the test, to separate the competent from the incompetent, be they "allopath," homœopath, or nopath, "regular," irregular, or defective; in short, to provide the people with a better class of doctors, in the interest of the public safety.

In some way these persons made their impression on the leading paper in the State, the Galveston News, for in the same issue which

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contained a long letter from this homœopathic agitator, which letter one of the proprietors of the News assured us was "paid for—a good round sum," there appeared an editorial in which the effort at legislation was stigmatized as "an absurd and tyrannical scheme to create a Board of Medical Dictators at the Capital." The inference as to the motive of the News is too clear to require elucidation at my hands.

The so-called "eclectics," claiming to be one hundred and fifty strong in Texas, have also a State Medical Association. These arrayed themselves on the side of the homœopaths, and calling to their aid the "lame, the halt, and the blind" of the profession, so to speak, the unclassified, the rag-tag-and-bob-tailed, those who feel, or pretend to feel, that they are the special objects of the proposed legislation (they know best), made common cause against legislation on behalf of legitimate medicine. Their pronunciamento, called a protest against the passage of the medical bill, was chiefly remarkable for buncombe and bad grammar.

But, unless I except the broad and comprehensive ignorance and penuriousness of the Nineteenth Legislature, the one thing which contributed most to the defeat of the measure was a document emanating from men whose intentions seemed to be good, but whose judgment was extremely defective, while their want of sensibility and their inconsiderateness were surprising; members of our own ranks, even of the State Association. These gentlemen thought they could get up a better bill than any committee could, and accordingly gave expression of their ideas in a draft of a bill ten times more thoroughgoing and strict in its requirements than the one proposed by the committee, or any which the judgment of veterans in the cause told them would stand the ghost of a chance before such a body. These gentlemen protested against the passage of the bill submitted by the committee (although the committee had plenary powers to act for and in the name of the Association), but urged in vigorous language the passage of their own as being the thing, the only thing to "suppress quackery" and protect the public from incompetent doctors. Hence this document, which our enemies hastened to proclaim everywhere a "protest," had all the moral effect of a protest, and to create the belief that the profession were not united in desiring said legislation.

This, briefly, gentlemen, is a history of the last attempt at procuring a law to regulate the practice of medicine in Texas.

The difficulties in the way of medical legislation are peculiar and almost innumerable. Dr. S. F. Starley, in his Presidential Address at the Fifteenth Annual Convention of the State Association, spoke as follows:—

"Legislative enactments for the protection of the public against this species of imposture have generally failed of their object, and the best directed efforts of organized medicine in behalf of professional attainments, and a correspondingly greater security to life and health, will also prove unavailing, as long as our efforts are not supported by the masses; and this we cannot expect until we succeed in unmasking the grim skeleton of charlatanism which has crept into the very temple of Æsculapius, and grins so horribly through the flimsy texture that misplaced charity and forbearance have so long permitted to cover its hideous mien."

The people need to be educated on the subject. Unsuspecting, they do not know when they are being imposed upon, they have no means of discriminating, of distinguishing the competent from the incompetent, nor have they the faintest conception of the danger that lurks often beneath a suave manner and a pleasing exterior—the danger of being murdered under sanction of law by their chosen "family physician," whose oily tongue has, perchance, made them believe that he is a savior, and that all others are fallible. The child dies, perhaps, directly from the effects of an overdose, or, what is equally culpable, for the want of the proper treatment. It is laid to the "Lord," and the parents are besought by the hypocritical scoundrel, with mock humility, to be reconciled to the will of God, "The Lord giveth and the Lord taketh away," they say. No one ever knows the true cause of death, and the murderer goes unwhipped of justice.

What is more, the people do not appear to want to be protected. If warned, they impugn the motive, and question the veracity of your statement. They do not look at the matter as we do, they do not know the abuses of the privilege of the practice as we do, and hence it is difficult to make them understand or believe there is any necessity for such law. They say "this is a free country," and they claim the privilege of sending for whom they choose,

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and to go to the devil after their own fashion, if need be. Indeed, and my readers will hardly credit my statement, I fear, this was urged as a strong point against the bill, that it was proposed to deprive a poor man of the right to select his doctor. So insidiously have the objectionable classes worked, that there is a widespread belief that one class of doctors are trying to get the upper hand of all others, and the people cannot or will not divest themselves of this unworthy suspicion. It is this that engenders prejudice against all such efforts in this State, and the opposition to all medical legislation springs from this suspicion. In vain was State pride appealed to, in vain was it represented that the right to regulate the practice of medicine is a statutory right, subject to whatever restrictions the law-making branch of the government may see fit to impose in the interests of health and life, as restraints upon the ignorant, incompetent, and dishonorable; and that this right has been recognized universally throughout the American Union, that in pursuance of it twenty-six States have adopted just the course we are now asking our State to pursue. It was demonstrated that in those States the results have been most salutary, instances were cited showing the benefits derived from such measures, not only in bettering the condition of the people, but in elevating promptly and permanently the standard of medical education, thus insuring a better generation of medical practitioners than those now practising, many of whom are tender shoots from the numerous medical hot-houses of the country, but all in vain; people, and legislators, and newspapers, clinging to the Cimerian darkness of the past, and still further blinded by prejudice, seem to think that Texas is an exception to the rule, that a policy demonstrated to be wise and beneficial in other States would be oppressive and anti-republican in this, that a right seized and exercised in other States in accordance with the decision of the highest tribunal of the land, is an open question here; hence people, and legislators, and malcontents, and narrow-minded and venal newspapers pretend to believe that all such representations as to the "protection of the public" is false pretence, that the real object of the Medical Association and the Committee on Legislation is to crush out competition, declare against such right and policy, and cast, as they say, their sympathy with the "bottom dog."

Such, gentlemen, are amongst the reasons why it has never been possible to get passed any law to regulate the practice of medicine in Texas. The chief reasons yet to be told—the incapacity of the average legislator to grasp the fundamental idea underlying the simplest question of State policy—these reasons should suffice to show why the committee asked for less than our critics thought should have been asked for, and why, also, the two principal branches of medical study were omitted from the examinations provided for in the bill. It was said to be unfair to measure homœopaths by our standard of requirements, and, if we did not wish to drive them to the wall, and out of the field, why do we insist on examining them on branches on which the "schools" of practice differ? The concession was made, but still in vain, nothing would suit them, they would object to any kind of examination on any subject, by any kind of board, as likely to constitute a bar to the steady stream of incompetents settling in Texas under the guidance of the missionary "medical" (?) journal mentioned above. This concession was a graver mistake than the first, and measurably aided ultimately in the defeat of the bill, and compromised us as well. We declare that we do not recognize homœopaths, yet we defer to their wishes, at the same time refusing them consultation, we try in vain to please them in the matter of regulating the practice.

The mistake is in only passively ignoring them. I would ignore them actively and entirely, and, not considering them physicians, or as practising medicine within the meaning of the word—exempt them from examinations. Let them practice, but confine them to homœopathy. Nobody was ever killed or injured by one or one thousand of their infinitesimals. But "there's the rub," many, while professing to be homœopaths, "trading on the name," as the saying goes, practice on another principle, and some even pretend to be surgeons. With adamantine cheek and appalling assurance, with an utter disregard for consequences they will essay the gravest, most difficult, most sanguinary operations, and, although the victim (I had nearly said patient) dies on the table, or soon after being removed, often, they claim a "brilliant success," and rush into print in their hybrid journal and the newspapers, often before the funeral service has been read.

"Fools will rush where angels dare not tread."

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It would be quite safe to consider this class as not physicians, and as not "practising medicine" within the definition of the law, and so long as they give pellets and adhere to their harmless dilutions, to exempt them from the penalty provided by the law, and thus exempt them from examination also. But how can they be restrained from meddling with surgery? Would it be possible to separate the art and science of medicine from that of surgery, and in future legislation make the discrimination, *i. e.*, to examine homœopathic "surgeons," but not homœopathic physicians (?) (save the mark)? This question is worthy of consideration, in view of the fact that homœopathy constitutes the problem that confronts us not alone in Texas. What shall we do with them? What is their status in medical practice and medical legislation? Are they physicians, or are they not physicians? It is with regret we observe the construction put upon it in Massachusetts. In the Massachusetts committee's circular they say, "After consultation with the best men in the profession, without regard to modes of practice."

Now, with reference to State Medicine, in its general and full acceptance, it may be said to be an unknown quantity in Texas. The only application we have of the grand idea is, in a system of quarantine, more or less complete, administered by a State Health Officer. The State Health Officer performs only this one function of a Board of Health, but in that department he has plenary powers. True, there is a law on the statute books providing for the registration of vital statistics, but, as it is made nobody's business to report the facts, it is a dead letter. There is no provision for the examination of adulterated or deteriorated food, nor for any other hygienic measures so important, the execution of which is usually entrusted to Health Boards or health officers. It seems the Eighteenth Legislature had some qualms of conscience on the subject, and feeling ashamed perhaps that such is the case, made a very feeble effort in the direction. They appropriated two thousand dollars for the investigation of adulterated food, and assigned the duty to the quarantine officer. This gentleman not being an analytical chemist, made no examinations, and expended not one cent of the appropriation, thus clearly intimating that he thought it was none of his business. He did, however, make a very interesting report on the subject.

The Committee on Legislation was entrusted with the duty of drafting a bill to create a State Board of Health also, in addition to the bill to regulate the practice. They did so, and presented it to the senator who had offered his services and agreed to champion the cause; much to our surprise he declined to present it, saying he "could not support it because it would array against him certain influences which he did not wish to antagonize, amongst them that of the State Health Officer." This was a revelation to the committee quite unexpected, inasmuch as the State Health Officer is a prominent and popular member of the State Association, and is known to be friendly to medical legislation, but it was discovered he had good reasons for objecting to the bill in that precise form, and, as he had more friends and more influence than the committee had, so much more, indeed, as has just been said, that our chosen champion dared not antagonize it. His reasons were, that there were enemies even of the quarantine system, as satisfactory as it has been, and that there was a strong probability that it would be attempted to absorb the entire system into a Board of Health bill. Otherwise, if the bill were passed without doing so, it would be an anomalous condition of things, two organizations whose duties would be the performance of one function. Under these circumstances it was deemed wise to let well enough alone, and instead of attempting to create a State Board of Health *de novo*, and thus jeopardize the office and the system as now in existence, it was proposed to enlarge the functions of the officer, and to build on the present system, that is, having provision for quarantine, it was proposed to add the other functions of a Board of Health, the registration of vital statistics, and the examination of adulterated food, etc., for a Board of Health comprehends quarantine, but a quarantine system is by no means a Board of Health. Accordingly, a bill was drafted to make the Health Officer *ex-officio* President of the Board of Health, to be composed of himself and three other physicians, and a chemist, to be appointed by the Governor, one of the physicians to be Secretary and Superintendent of the Bureau of Vital Statistics, and the executive officer of the board, and to receive a salary of $2000, the other two physicians being merely adjuncts, to serve without compensation, while the chemist was to receive the first year the $2000 which

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had been set aside for the investigation of adulterated food, but which was untouched. It was necessary, therefore, to ask for an appropriation of $3000 the first year, to pay the secretary and the incidental expenses of the office, a very small allowance you will admit.

If possible, this bill was even worse treated than the bill to regulate the practice. It was referred to the Committee on Public Health—all doctors. An argument was submitted, adapted to the comprehension of a child. It begun with a definition of State medicine, and gave illustrations of its application. The good results obtained in other States by Boards of Health were cited; statistics from the British Public Health Bill and Dr. Farr were quoted; it was shown that in consequence of sanitary reforms instituted as a result of the compilation of vital statistics, in a period of seven years, two years had been added to the life of every male, and three years to the life of every female in the Kingdom of Great Britain, thus lengthening the life of the entire population six and a half per cent. This committee of Solons was reminded of a disastrous experiment recently tried in the interest of retrenchment. To save a matter of $2000 to the State, under pressure, and contrary to his judgment, the State Health Officer had discharged two of the inspectors at a seaport town. In consequence of this the yellow fever crept in, a mild epidemic lighted up, and it cost the State $22,000 to suppress it. Thus it was demonstrated that prevention is not only better than cure, but in the present instance many times cheaper. All in vain. The reply was, "No doubt, gentlemen, a Board of Health is a good thing to have, but there is a deficiency in the treasury, and Texas cannot afford to appropriate the $3000 asked for," or words to that effect.

Comment is unnecessary. But I cannot resist the inclination to comment on this singular and mortifying occurrence. Texas, so great in all else, with her school fund of $90,000,000, the largest in the world; with her 1,500,000 bales of cotton annually produced, the peerless cotton State of America; with her taxable values of pens, 6,000,000; Texas, 850 miles long by 750 miles wide, with her public domain of 172,000,000 of acres, cannot afford about eight dollars a day in the interest of the health of her millions of people. For shame! Had the excuse been any other on earth, we should not have been so humiliated. It sounds like a miserable mockery! My hearers, in view of my defence of the intelligence of the State, may think me inconsistent in accusing the legislators of ignorance. There is much learning, talent, and statesmanship in the great State, but it is not, as a rule, found in the Legislature. It cannot be said that there was ever an "elder day, when to be a Roman [Texas] senator was greater than a king," but certain it is, that the halls that once resounded to a Houston's voice, or echoed the eloquence of a Coke, were not without honor. Once, to be a member of the Legislature was an honorable distinction, but at the present time it is questionable, at least. The better element cannot be induced to represent their constituency, and, as a rule, those who seek the position do so for the miserable little *per diem* of five dollars. Were not the action of this body as related above enough to convince you of the correctness of my statements, this fact should give you an adequate idea of the material which composed the Nineteenth Legislature, and on which the Texas State Medical Association feel that they have wasted their eloquence.

And so it is to-day in my State, gentlemen, anybody and everybody calling himself doctor, exercises with perfect impunity the dangerous privilege of practising medicine, and quackery runs riot, while charlatanism holds high revel. Indeed, these characters may say to our unsuspecting citizens, like the Veiled Prophet of Khorassas, "Ye would be dupes and ye are!"

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## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

LICHEN OBTUSUS consists of medium sized papules, 3–5 mm. in average though sometimes reaching the size of whole pepper and even that of a pea, half-circularly formed but flattened on top, and provided in the centre with a fine indentation, hard, dry, smooth, wax-like, translucent, bluish to brownish-red, and scaleless. Independently of their color, those of moluscum contagiosum are perhaps the only papules resembling those in question. Lichen obtusus is far less acute than lichen acuminatus, itches less, and is mostly circumscribed. But left to itself it may within a few weeks spread over the whole body, though

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in such a case larger areas of healthy skin are generally met with between the single efflorescences. Papules standing near together may form larger plaques, in which case those in the centre may either atrophy or remain. When a cure has been established, decidedly brownish pigmented, somewhat cicatricially thin spots appear in the place of the papules. Hair and nails never suffer in lichen obtusus, which also never ends in marasmus, at the most the nervous system and the general nutrition may ail in case of great extent and of long duration of the complaint. The internal administration of arsenic has much less effect in lichen obtusus than in acuminatus, though it cannot be said to be totally without result. Cases of great extent can certainly be quickly cured only by the carbolic sublimate inunction cure, while single "lichen" papules may be removed with strong solutions of chrysarobin, sublimate, or salicylic acid in collodion, or with traumaticin or with suitable plaster gauzes.

*Lichen planus*, if typical, represents perfectly flat, red spots, but little elevated above the level of the skin, of 6 mm. to 4 cm. in diameter, though also from the size of a split pea to that of a dollar. They are completely flat, or dinner-plate like, *i.e.*, at their edges somewhat wall-like, elevated and depressed in the middle, even below the level of the healthy. The surface is smooth, often covered with a scale as thin as tissue-paper. If they are spread over the surface one occasionally observes here and there bluish-white spots of the size of a mustard-seed, which, on careful removal, represent milium-like, horny bodies. The genesis of these flat papules is not so simple as that of the acuminated and the obtuse. Especially in pure cases of totally circumscribed lichen planus, one notices the single spots gradually developing by coalescence from a correspondingly larger group of exceedingly diminutive lichen papules, which have a diameter of about 1 mm., and are red, smooth, and flattened on top, and often evince on microscopical examination a minute depression, representing, therefore, single obtusus papules in miniature. In other cases a development from small, elementary papules cannot be demonstrated, a red spot at once shows itself, which gradually increases in size, and becomes darker in color and elevated above the level of the skin. I have further made the observation, that the same "lichen" spots may form from obtusus papules, which already commence to heal and are flattened, they, on a fresh aggravation of the disease, spreading in surface and assuming the planus character. And, finally, I have every reason to believe, that from a group of acuminatus papules in the course of time a planus papule may also develop itself. With perfect justice one might acknowledge, therefore, primary and secondary planus papules, if this would not unnecessarily complicate matters. The character of planus always consists in the fact that the papillary body evenly suffers, while in acuminatus and obtusus the parakeratosis comes into the foreground, and mainly an alteration of the epidermis forms itself here at the hair follicle, there at the sweat follicle. In consequence of the various participation of the histological elements of the epidermis, the same cause at once changes the clinical picture. As the beginning, so also varies the end of the planus spots. First, they have the advantage to increase in surface, a fact of limited application in obtusus papules, and of none in acuminatus papules. Then the horny layer occasionally rises as a superficial vesicle. In other cases it hardens and concentrates itself to a horny mass. (Vidal, lichen corné.) As a last result, figurates as in the other forms, the remedial atrophy, which is also often followed by a very dark pigmentation. The planus papules are, of all lichen papules, the most likely to remain isolated, they grow and multiply the slowest, and, as a rule, do not at all influence the general health. But they may also, and in a pure form, develop into a grave, universal skin disease. In lichen planus arsenic also has much less effect than in acuminatus, as injection a little more than if administered internally. Regarding the effect of the inunction cure I still have too little experience, but I do not doubt that in the universal forms it will here also be the best remedy. The usual isolated spots appearing singly, I have removed singly, and pretty rapidly, with mercurial arsenic plaster gauzes, sublimate collodion, and with salicyl-collodion.

Aside from these three pure types of "lichen ruber" there yet are transition forms, lichen obtusus and planus frequently appearing together, less often lichen acuminatus and planus, and most rarely lichen acuminatus and obtusus. These forms either appear mixed from the very start, or one follows the other and partly develops from it. The frequent union of obtusus and

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planus has caused their being mistaken for each other. Much of what has been described in England and America as lichen planus, indeed, belongs to obtusus. The pure cases of planus and those connected with acuminatus demonstrate, however, sufficiently the independent position, which planus must occupy. I have therefore endeavored a description, which greatly differs from Wilson's first description, in which the obtusus is better recognized than the planus. To avoid in future every and all mistake, I once more place here in tabular review the various forms and relations of size of the three varieties.

| ACUMINATUS. | OBTUSUS. | PLANUS. |
|---|---|---|
| Conically pointed. | Half conically flattened. | Flat, dinner-plate like. |
| 1–2 mm. in diam. | 3½–5½ mm. in diam. | 6 mm. to 2–4 ctm. in diameter. |
| Covered with solid scales. | Smooth, without scales, wax-like, translucent. | Often cov'd with exc'dingly thin scales. |
| Without central depression. | With fine central pit. | Without pit, with white points. |

And now one word more regarding popular names of "lichen" papules and similar efflorescences in general. The very natural custom has gradually been promulgated to compare these pathological products to vegetable seeds, and the comparisons with certain special seeds has received special favor. This is the more wrong as some of these seeds have an elliptical shape and are not round, as the efflorescences of "lichen." If one desires for the purposes of rapid comprehension to employ well-known vegetable substances in comparison, one ought always to select at least round ones for round eruptions, and the following graduated table would be better suitable in such cases:—

| SEEDS. | LIMITS. | DIAMETER. |
|---|---|---|
| Raps..... | 1½–2 mm. | 1¾ mm. |
| Mustard..... | 2–2½ mm. | 2¼ mm. |
| Pepper..... | 3½–4½ mm. | 4 mm. |
| Split peas..... | 4½–5½ mm. | 5 mm. |
| Lentils..... | 5–7 mm. | 6 mm. |

The various types of "lichen" according to this table, might, therefore, be classified about as follows: Acuminatus might be considered to be of the size of raps or mustard seed, obtusus of that of pepper or split peas, and planus at least that of lentils, but often four to five times their diameter. The fine papules from which planus, though not always, often develops, because of their smallness, cannot be compared in this manner. The signifying of "pin-head size" is totally to be discarded as fantastical, and too much depending upon fashion. The best always is to make diligent use of the millimetre measure, especially in future works on "lichen ruber."

The observations published will henceforth enable us to decipher more accurately the rather confused history of "lichen ruber," and I would consider the main part of my work solved, if I should have succeeded in mediating the main divergence of the Vienna school, on the one hand, and of the English and French schools on the other. I now turn, therefore, to a historical, critical review.

All authors agree that F. Hebra first taught us the knowledge, in the first edition of his work (1860), of the disease to-day known as "lichen ruber." Reading to-day his excellent description, written, as it is, with the genius peculiar to Hebra for the perception of that which is most characteristic, we cannot but confess, that in more than one respect it is one-sided. Hebra, in his description, doubtless took into consideration only grave cases of lichen acuminatus, which had already been in existence for a long time. This is the reason why his description of the final stage of lichen acuminatus as a general disease of the skin—the thickening, difficulty of motion, the fissures of it, the co-affection of the nails, the ultimate marasmus and death—occupies so prominent a place, that many later observers, who had only the opportunity of seeing milder cases of acuminatus, and the by themselves always milder cases of obtusus and planus, in consequence of his description, could be easily led to believe that they had a decidedly different malady before them. But in another respect Hebra's picture was also one-sided, for he described only the acuminatus variety. The single efflorescences are mentioned by him as "minute papules, of the size of millet seed, in the beginning isolated and covered by thin scales." As he speaks neither of the wax-like transparency nor of a central depression, but especially of a minute scale, he can have meant only the single efflorescence of acuminatus, never that of Wilson's lichen planus, though the epithet millet-seed size suits as little as the symptom following it, that they cause but little pain. If the former term more corresponds with the established custom, to compare the smallest skin efflorescences with a millet seed, the latter symptom of the moderate itching, indicates that Ferd. Hebra at that time had not yet observed quite recent cases of acuminatus, such as set in like an acute exanthem. The papules, which later

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appear, generally no longer itch, also because they appear much slower in the same degree, and the papules are not scratched until they bleed, because, as Ferd. Hebra believes, they do not itch so much, but because they consist, in contradiction to the papules of eczema, of abnormally dense and dry tissue.

In the year 1869, Erasmus Wilson published in the Journal of Cutaneous Medicine (Vol. III.), his observations regarding a form of "lichen," which he was justly entitled to consider a skin disease not yet described and an original discovery of his own. The single efflorescences constituting this disease are described with equal precision as flat, smooth, and lividly red papules, depressed at their points, angular in their circumference, slightly elevated, of a diameter of from one to three lines, covered with a transparent, horny layer, but not with a scale, and provided with a central pit, and leaving behind them a strong pigmentation. These papules, besides, evince an inclination to group formation, a property not at all possessed by those of acuminatus.

There is not a shadow of a doubt, that Wilson, in this description, thought of lichen obtusus and planus, so frequent in England and America; but especially of the first. He believed this form to be a variety of Hebra's "lichen ruber," and a milder kind, on account of the gloomy description in Hebra's first edition. In his Lectures on Dermatology (1873) he states the identity of both affections, grants to Hebra the honor of priority, and considers himself entitled only to change the name of the whole group to lichen planus, the main character being the flatness of the point and not its redness.

We may draw thence the conclusion that Wilson then knew the large, universal form of lichen acuminatus as little as Hebra at his time the other varieties of "lichen." But in the second edition (1874), Hebra tried to correct this mistake, while Wilson, at the same time, as most English, French, and American investigators, simply for this reason never understood correctly the lichen acuminatus, because they did not see a larger number of typical cases of it. Hebra had meanwhile the opportunity to study, even if not in the same degree, the latter and the quite flat forms. And the description of the "lichen" group, therefore, appears in this second edition in a very changed form. This old description, above quoted, is followed by the sentence: "The papules appear in a twofold form" and as second form, and singular to say, without mentioning "Wilson's name," Wilson's form is introduced with these words:

"In another case, the papules are also, as a rule, disseminated and alike, of the size of a millet seed, but pale-red, of wax-like glimmer, at their upper surface, smooth, rounded (not conically pointed), and provided at their centres with a very minute but plainly recognizable, pit-like depression."

In the same manner the mode of extension is also later augmented by a description of the group-like forms which lead to the formation of plaques of the size of a lentil to that of a dollar, and at this occasion Hebra describes the by no means so frequent, but later, in all text-books, disgustingly as typical repeated property, that in a group the central papules under pigment development atrophy and give way, while the wax-like, translucent, marginal papules remain, so that the whole looks like a broach set with pearls. Surely not all authors had had occasion so frequently to observe just this form, as it seems to have been the case according to this description. Of importance, is only that Hebra observed both forms in the same individual, and thus came to be convinced of their natural belonging together. From this he concluded that the final stage of lichen planus is the same as that of acuminatus.

"In the first mode of extension the whole integument of the body suffers earlier; in the second, later, but in the course of years for certain." I say, Hebra *concluded* this to be the case from their belonging together, for he never can have observed the marasmus in lichen planus, as all English and American investigators, who have seen and published relatively far more of lichen planus, do not report the least of it, but, on the contrary, adhere to the benign character of planus, and as Hebra, on the other side, has described far too little the rarer, and by him only later studied planus form, to attach to his description the full weight of that of Wilson and his successors, Tilbury Fox, Bulkley, Duhring, etc. If he had really observed a case of marasmus in lichen planus, he would himself have published it as a unicum. Totally characteristic for this later incorporation of lichen planus into the frame of his old "lichen ruber," of the first edition, also is the characteristic of the affection in the differential diagnostic table, which in both editions has been incorporated in the chapter on "lichen."

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| *Lichen Ruber*, 1860. | *Lichen Ruber*, 1874. |
|---|---|
| Papules of the size of a millet seed, red, discrete, covered with few scales, not excoriated, ***not in groups***, not distributed over the whole integument, occupying generally only single parts of the skin, mostly the extremities. | Papules of the size of a millet seed, red, discrete, ***or in groups***, covered with few scales, not excoriated, ***or rounded***, and pitted brown-red, wax-like, translucent, not distributed over the whole integument, occupying generally only single parts of the skin, mostly the extremities. |

The alterations and omissions characteristic of the introduction of lichen planus have both been printed in italics by me. It surely would have been much better for the further development of the question, if Hebra, instead of somewhat forcibly subordinating the planus, respectively, obtusus to the acuminatus, without his surrendering the essential co-relation of the two, had dignifiedly introduced Wilson's form into his classical text-book, as one co-ordinate with his, but clinically greatly varying, and if he had completely rewritten his chapter of the first edition. As things were, English investigators were not to be blamed, if they on their side adhered as main form to planus, with which they were familiar, and conceived a very unclear idea of Hebra's "lichen," commonly called "ruber." With such an *ex facto* historical explanation by Hebra, the difference would have surely also then appeared, which exists amongst the smooth and flatter forms, and which I have endeavored to fix by the distinction of obtusus from planus.

I can find the reason for this omission in the second edition of Hebra's text-book only in the peculiarity of the Vienna dermatological school, which has only now been altered in principle by the system of Auspitz and the text-book of the younger Hebra. Foreign descriptions of dermatoses not to introduce as such, but with more or less good luck to force into the frame once put up by Hebra, senior. The knowledge of the impetigo contagiosa, morphæa, urticaria pigmentosa, of the lichen planus, of the myxodem, of the filiaria-dermatoses, etc., which we have to thank the English alone for, makes this preponderance of the local Vienna experiences also, to the short-sighted eye of to-day, completely untenable.

Tilbury Fox is perfectly right, if he says (Lancet, July 22, 1876):—

"I insist, again, upon the necessity to accept that the diseases change their picture according to the different countries, and that the German books cannot be looked upon as the exact expression of the skin diseases in England; the English books will contain as little a true description of the typical cases of the diseases as they present themselves in foreign countries."

This last investigator, whose views will probably be still to-day most prominent in England, characterizes, in the third edition of his text-book (1873), his standpoint in the following words:—

"Lichen planus appears in two forms, in a limited and a universal one. The first corresponds to the lichen planus of Wilson, the last to the 'lichen ruber' of Hebra."

He then gives his reasons why he calls the whole group lichen planus, and concludes the section with the words:—

"Hebra's form is rare in England, Wilson's quite common."

Here we have the main error of the conception, how it gradually developed amongst the English dermatologists; nothing can be more wrong than this injurious solution of the question, as Tilbury Fox believes himself able to give. Wilson's planus happens just as well in universal extension (Case X.), as Hebra's acuminatus may occur limited to certain regions and be benign (Case I.).

*What separates the two is the clinical form of the single efflorescences, conditioned by their histological character. What both have in unison—the etiology, as proven by their clinical co-existence and their metamorphosis of one into the other.*

The sentence of Fox is the more peculiar, as he himself has observed at least three cases of acuminatus running a favorable course, and, as he lays stress, in contradiction of Hebra, upon their acute commencement and the prevalence of severe itching, a fact which, with regard to my cases, I can only completely confirm. And in this, it is said that the affection set in as an eruption of miliary papules which, with thickening of the finely desquamating skin, gradually attacked the latter in its whole extension. Were these symptoms, belonging only to the acuminatus, not sufficient to convince him that the difference between planus and acuminatus did not consist only in its greater or less extension? If we go to America, the dermatologists there are less constrained regarding the picture of acuminatus than the English. Duhring, in his text-book, gives the description of both under the general term of "lichen ruber," that of planus from his own experience, that of acuminatus exactly after Hebra, and considers both as different types of one disease. Piffard,

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on the other hand, to whom personally the acuminatus also is a stranger, has his doubts that both are identical. His arguments are these:—

"Wilson has observed fifty cases of planus characterized by pitted papules and pigment spots, which run a benign course. Hebra observed fourteen cases without pitted papules and pigment spots, nearly all of which died. It is scarcely credible that Hebra should have overlooked the pit, or that Wilson should have met with only mild, and Hebra with only grave cases. After Wilson's publication, Hebra and Kaposi published a number of benign, pitted papular eruptions, which they summed up under their old name, 'lichen ruber.' It does not follow that because they did so both complaints are identically the same. Finally, as far as I know, nobody has ever seen a transition of a typical lichen planus to a 'lichen ruber.'"

Nevertheless, should such be the case, and I believe I have given sufficient material in favor of this view, Piffard would doubtless be right. Piffard's view has recently been again advanced, with the reasons for it, by Robinson (Lichen Ruber and Lichen Planus, Putnam's Sons, New York, 1883), in a very excellent work of his own. He was able to observe one case of acuminatus, and to excise some of the papules, which, in his very careful work, he compares anatomically with planus papules. [To be continued.]

# THERAPEUTIC NOTES.

### URETHRAL OINTMENT FOR GONORRHŒA.

Unna (Dtsch. Med. Ztg.) recommends the frequent introduction of a sound smeared with the following:—

| | | |
|---|---|---|
| ℞. Nitrate of silver | . . | 30 grains. |
| Peruvian balsam | . | 60 grains. |
| Yellow wax | . . | 1 to 2 drachms. |
| Cocoa butter | . . | 6 ounces. |

### PILLS FOR SPERMATORRHŒA.

De Sinéty (Union Méd.) proposes the following:—

| | | |
|---|---|---|
| ℞. Extract of belladonna | . | 3 grs. |
| Powdered belladonna root | . | 3 grs. |
| Confection of rose | . . | q. s. |

Divide into ten pills. One to three pills should be taken before going to bed.

The following pill also is efficacious, according to the same writer:—

| | | |
|---|---|---|
| ℞. Camphor | . . . . | 1 gr. |
| Lupulin | . . . . | 2 grs. |

This treatment is specially adapted to seminal emissions resulting from spasm of the seminal vesicles; if, however, the spermatorrhœa is due to atony of the parts, the author prefers to give this mixture:—

| | | |
|---|---|---|
| ℞. Powdered ergot | . . | 6 grs. |
| Powdered nux vomica | . | 1 gr. |

Divide into three pills. One to be taken morning and evening, before eating. Cold douches and applications of camphor liniment to the small of the back are to be employed at the same time.—*New York Medical Journal.*

### QUININE IN UTERINE INERTIA.

Dr. Andrew Mullan (British Medical Journal) has had admirable results from the use of quinine in cases of uterine inertia. Given in doses of four grains and upward, in powder, it will start pains afresh in twenty or thirty minutes. It produces no headache or sickness, the bitter taste being the only disagreeable circumstance connected with it. The pains it produces are not continuous like those of ergot, but intermittent like those of normal labor, and evidently not the result of a special stimulus exerted on the uterus only, but of a tonic effect on the whole system. It can be used when ergot is absolutely contraindicated with perfect safety both to mother and child. When ergot is used, if more than two hours elapse before delivery, the child is generally dead. Not alone is the good effect of quinine confined to the delivery of the child, but the antipyretic and antiseptic influence of the drug is noticed in the satisfactory recovery of the cases.

### FOR SYSTEMIC EFFECT.

#### PSORIASIS.

| | | |
|---|---|---|
| ℞. Vini colchici rad. | . . | ʒij. |
| Aloini | . . . | gr. iv. |
| Extracti rhei | . . . | gr. ij. |
| Sodii iodidi | . . . | gr. clx. |
| Infus. jaborandi | q. s. to ft. | ʒiv. |

M. Sig.—Two teaspoonsful in water every two or three hours.

#### SYCOSIS.

| | | |
|---|---|---|
| ℞. Ferri carbonatis | . . | gr. xxv. |
| Antimonii et potassii tart. | . | gr. ij. |
| Quiniæ sulphatis | . . | gr. x. |
| Extracti ignatiæ | . . | gr. ij. |

M. Ft. pilulæ No. xx.
Sig.—One pill three or four times daily.

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### CHOLERA INFANTUM.

Dr. W. B. Ryan (American Practitioner) states that he has found the following prescription absolutely infallible in controlling the vomiting and diarrhœa of cholera infantum:—

℞. Ext. belladonnæ fl. . . ʒj.
Tinct. opii camph. . . ʒiss.
Sodii sulphis. . . . ℈iiss.
Syr. limoni q. s. ad. . . ʒiij.

M. Sig.—One teaspoonful every two or three hours, or more frequently if necessary. [For a child one year of age.]

### INFANTILE CONVULSIONS.

℞. Potassii bromidi . . . gr. xx.
Chlorali . . . . gr. xii.
Aqua . . . . . ʒss.

M. Sig.—One teaspoonful every half hour.

### CHOLERA MORBUS.

℞. Spts. chloroformi . . ♏xxx.
Morphia sulph. . . . gr. ss.
Spts. camphoræ . . . ♏xx.
Aquæ menth. pip. . . ʒj.

M. Sig.—One teaspoonful every hour.

### INTESTINAL TORPOR.

Professor Da Costa frequently prescribes the following combination for atony of the large intestine:—

℞. Ext. belladonnæ . . . gr. j.
Strychnia sulphatis . . gr. ¼.
Aloini . . . . . gr. iss.
Ol. cajeputi . . . . ♏iv.
Ext. gentianæ . . . ʒss.

M. Ft. pilulæ No. xvi.
Sig.—One pill after each meal.

### IRRITABLE HEART FROM MASTURBATION.

Among the interesting cases which were brought before the class of Jefferson College last session was that of a young man whose heart beat 185 times per minute when he stood up or attempted to walk. He had been obliged to give up his position as a clerk, because of the headache and vertigo due to the excessive action of his heart. He admitted that he indulged freely in coffee, but denied ever having practised masturbation. As his countenance, however, betrayed him, Professor Da Costa directed him to take—

℞. Tinct. digitalis . . . ʒss.
Sig.—Ten drops every four hours.

Also—

Chlorali . . . . . ʒj.
Sodii bromidi . . . . ʒj.
Aqua camphoræ . . . ʒiij.

M. Sig.—One tablespoonful at bedtime.

### TERTIARY SYPHILIS.

Professor Brinton has found many obstinate cases of tertiary syphilis become amenable to treatment and rapidly improve when placed on the following formula:—

℞. Potassii iodidi . . . ʒiij.
Iodine . . . . . ʒj.
Hydrarg. bichlor. . . gr. ij.
Aqua . . . . . ʒiij.

M. Sig.—One teaspoonful three times a day.

### ATONIC DYSPEPSIA.

Professor Wm. H. Pancoast recommends—

℞. Elixir pepsinæ et bismuth . ʒiiss.
Elixir cinchonæ . . . ʒj.
Syrupi zingiberi . . . ʒss.

M. Sig.—Two teaspoonsful after meals.

Or—

℞. Acidi hydrochlorici dilut. . ʒj.
Tinct. capsici . . . ʒss.
Tinct. colombo . . . ʒiss.
Vinum pepsini q. s. ad. . . ʒiv.

M. Sig.—Two teaspoonsful after meals.

### SUMMER DIARRHŒA.

In mild cases of summer diarrhœa, characterized by mere thinning of the intestinal discharges, and a feeling of lassitude with slight pallor, Prof. N. S. Davis recommends—

℞. Acidi sulphurici aromat. . ʒiiss.
Tinct. opii . . . . ʒiiss.
Syr, simp. . . . . ʒiv.
Aquæ . . . . . ʒij.

M. Sig.—One teaspoonful two to four times a day.

Or—

℞. Acidi hydrobromici . . . ʒj.
Elix. simp. . . . . ʒj.
Tinct. opii camph. . . . ʒj.

M. Sig.—One teaspoonful two to four times a day.

If there be at the same time a diminution of the more important secretions, as shown by scanty urine and the absence of biliary coloring matter from the intestinal discharges, Dr. Davis recommends in addition—

℞. Hydrarg. chlor. mite . gr. iij.
Sodii bicarb. . . . gr. vj.
Sacchari alb. . . . gr. xxx.

M. Ft. charta No. iv.
Sig.—One powder night and morning.

### CHOLERA INFANTUM.

Prof. N. S. Davis recommends from six to fifteen minims of the following solution to be

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given immediately after each paroxysm of vomiting:—

℞. Sodii bicarb. . . . ʒj.
Morphiæ sulphatis . . gr. j.
Aquæ . . . . . ʒij.

At the same time, if the discharges from the bowels are frequent and serous, he gives one of the following powders every three or four hours:—

℞. Hydrarg. chlor. mite. . gr. iij.
Plumbi acetatis . . gr. iij.
Pulv. opii . . . . gr. j.
Sacchara alb. . . . gr. xxx.

M.—For a child aged six months divide into twelve powders; twelve months, eight powders; eighteen months, six powders.

PARALYSIS AGITANS.

For a case of paralysis agitans which recently appeared before the Jefferson College Hospital Clinic, Professor Bartholow directed—

℞. Ammonii carb. . . . gr. xl.
Liquor ammonii acetatis . ʒiv.
M. Sig.—One tablespoonful every four hours.

He also directed the patient to take a teaspoonful of cod-liver oil and a teaspoonful of the syrup of the lacto-phosphate of calcium, separately, after each meal.

ENTERO-COLITIS.

While the stools are yellow, homogeneous, and have a fecal odor, Dr. Louis Starr says alkalies and astringents are demanded, as—

℞. Sodii bicarb. . . . gr. xxxvj.
Syr. rhei aromat. . . ʒss.
Aq. menth. pip. q. s. ad. ʒiij.
M. Sig.—One teaspoonful every three hours.

When the stools are green, acid, and numerous, alkalies with opium do best.

℞. Tinct. opii deod. . . ♏vi.
Bismuthi subcarb. . . gr. lxxij.
Syrupi . . . . ʒss.
Mistura creta q. s. ad. . ʒiij.
M. Sig.—One teaspoonful every two or three hours.

In tedious cases, good results are at times obtained from minute doses of calomel, combined with opium and chalk.

Very frequent and serous stools require more powerful astringents.

℞. Acidi sulphurici aromat. . ♏xxiv.
Liquor morphiæ sulphatis . ʒj.
Elix. curacoæ . . . ʒij.
Aqua q. s. ad. . . . ʒiij.
M. Sig.—One teaspoonful every three hours.

ERYTHEMA NODOSUM.

Dr. W. E. Buck (British Medical Journal) has treated several cases of this obstinate affection with sulphurous acid with marked success. His method is to soak lint in a mixture of equal parts of sulphurous acid and boiling water; the lint is then wrung out and placed over the patches. The result has been that the pain and itching were quickly relieved, and the eruption disappeared.

GLYCERINE AS A TÆNIACIDE.

Dr. G. A. McCallum (British Medical Journal) recommends glycerine as a pleasant and effective remedy for tapeworm. The dose may range from ʒij to ʒj, to be followed by a purgative, if necessary.

URTICARIA.

℞. Ferri sulphatis . . . gr. xij.
Acidi sulphurici dilut. . ʒj.
Magnesii sulphatis . . ʒiv.
Syrupi zingiberi . . . ʒj.
Aqua q. s. ad. . . . ʒiij.
M. Sig.—Two teaspoonsful three times a day.

PEDICULI PUBIS.

℞. Hydrarg. chlor. mite . . gr. xx.
Acidi carbolici . . . gr. x.
Ung. simp. . . . . ʒj.
M. Ft. Ung. Sig.—To be rubbed in thoroughly and allowed to remain for half an hour. Then wash the surface well with soap and water, and reapply the ointment if necessary.

MENORRHAGIA.

Professor Parvin has obtained excellent results in uncomplicated cases of menorrhagia from the administration of ♏xx of the fluid extract of hamamelis every four hours. He frequently directs the patient to take from eight to ten grains of quinine daily also.

HÆMOPTYSIS.

℞. Acidi gallici . . . gr. xl.
Ext. ergotæ fl. . . . ʒvj.
Tinct. digitalis . . . ʒj.
Tinct. opii . . . . ♏xx.
M. Sig.—One teaspoonful every half hour.

FLATULENT COLIC.

℞. Spts. chloroformi . . . ♏x.
Tinct. belladonnæ . . . ♏x.
Tinct. capsici . . . . ♏x.
Syrupi zingiberis . . . ʒj.
M. Sig.—Two teaspoonsful every half hour until relieved.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, August, 1885.

## CHLORAL HYDRATE.

WE are indebted for almost all of our knowledge of chloral hydrate to the experiments made by Liebrich upon animals. These experiments, and subsequent clinical observations, have demonstrated that it is an efficient anti-spasmodic, as well as a valuable sedative and hypnotic. It is not, however, a true anodyne. Its power to control or lessen pain is limited to the pain of spasm. It has no direct power over the pain of inflammation or of traumatism.

Chloral hydrate is soluble in four parts of chloroform, and in less than its own weight of alcohol, water, or ether. It also dissolves readily in glycerine and in the fixed and volatile oils. Owing to its ready solubility, it diffuses into the blood with great rapidity, and produces its characteristic effects in a few minutes. It lowers the temperature, lessens the irritability of the nervous system, and in medicinal doses diminishes the quantity of blood in the cerebrum. It also lowers the arterial tension, and renders the fibrin of the blood less coagulable. In sufficient doses, it produces sudden, calm, and refreshing sleep, unless there be an insusceptibility to its effects. An excess of traumatic or inflammatory pain will also be an insuperable obstacle to its action.

Chloral is an effective remedy in sea-sickness, and in the vomiting of pregnancy when due strictly to an irritability of the gastric filaments of the pneumogastric nerves. It is also of value in that form of nervous vomiting which occurs among feeble individuals during hot weather. Though chloral cannot allay the pain of inflammation, it is useful in pleuritis, pericarditis, peritonitis, pneumonitis, and other inflammatory affections, because it lessens the fever, quiets the restlessness, and thus indirectly facilitates sleep. For this reason it is one of the most valuable remedies in the treatment of scarlet fever. It is equally efficient in the simple fevers of childhood. In the treatment of whooping-cough it ranks only second to quinine. Laryngismus stridulus can be aborted, and impending attacks prevented by the administration of five to ten grains of chloral. Infantile convulsions can be quickly arrested and their return prevented in the same manner. If the child cannot swallow, the requisite quantity can be given by the rectum. Spasmodic asthma, and the periodical attacks of difficult breathing which accompany emphysema may be relieved by chloral. Puerperal convulsions are arrested by full doses of this remedy, but it should not be depended upon in this affection to the exclusion of other means. If the patient is unable to swallow, it should be given hypodermatically or by rectal injection. Chloral is very effective in nocturnal incontinence of urine due to excessive irritability of the bladder. It is also of value in lessening the rigidity of the os uteri, in alleviating the spasmodic pains of the first stage of labor, and in removing the after-pains. Obstinate cases of chorea, where the movements are so violent and continuous as to prevent the patient from taking the requisite amount of food and rest, are remarkably benefited by large doses of chloral. According to Bartholow there is no single remedy so effective in the treatment of cholera or severe cases of cholera morbus as chloral administered hypodermatically. It is equally efficacious in cholera infantum. It is the direct physiological antidote to strychnine and to picrotoxin, and it is one of the most valuable agents we possess for the treatment of tetanus. It at times gives instantaneous relief in gastralgia, hepatalgia, and the various forms of colic, and it occasionally affords marked relief from the terrible pain of carcinoma. It is the most certain of hypnotics in delirium tremens. It is especially successful in the condition of nervous excitation preceding the attack. It must, however, be used with caution in old drunkards, or where there is reason to suspect a weak or a fatty heart. Chloral is peculiarly valuable in the insomnia of the aged, and in the wakefulness due to mental fatigue or anxiety. It frequently succeeds in these cases when opium

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and the bromides have utterly failed. It is also beneficial in puerperal mania, acute melancholia, and other forms of mental disorders characterized by delirium and sleeplessness. Attacks of nocturnal epilepsy are frequently prevented, and the habit broken up by a full dose of chloral given at bed-time. Obstinate singultus may frequently be checked at once by a similar dose.

When chloral is rubbed up with an equal part of camphor, a clear liquid of syrupy consistence is formed, which is an excellent external application in pleurodynia, odontalgia, and neuralgia of the various branches of the fifth pair of nerves. The solution thus formed will dissolve the various alkaloids and is itself freely soluble in alcohol, chloroform, and ether. It is obvious that a series of combinations can thus be formed, which will be as effective as the famous chlorodyne, and which can be varied to meet the indications of every case.

Externally, a weak solution of chloral has been found beneficial as an antiseptic application to suspicious wounds, and as a gentle stimulant to indolent ulcers. It is also of value as an injection in ozœna, and in chronic gonorrhœa.

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## *REST AS A THERAPEUTIC AGENT.*

So much has been said and written about the value of exercise as a therapeutic agent, that the equal importance of rest as a means of cure is too frequently overlooked. Of course, in all acute inflammatory affections the patient is ordered to bed as a matter of routine practice, but in the subacute and chronic stages the patient is either left to his own wishes in the matter, or is directed to take daily exercise, when, as a matter of fact, his preëminent need is rest in bed. Nothing can be more pitiful than to see the victims of phthisis exhausting their slight remnant of strength by taking long walks and climbing steep hills during the paroxysms of exacerbation which occur in this disease. All exercise should be abandoned at this time, and the patient placed upon antipyretic treatment and kept in bed until the temperature has subsided to near the normal.

Rest is especially valuable as a curative factor in the various diseases of the nervous system. The most obstinate cases of chorea have quickly recovered when the patients were kept in a darkened room and prohibited from getting out of bed. The wonderful results obtained by Dr. S. Weir Mitchell from the combined use of rest and massage in cases of hysteria, hystero-epilepsy, and allied neuroses, are too well known to require repetition. Suffice it to say that the enforced rest was the most important factor. Rest is also the only effective remedy for writers' cramp, telegraphers' paralysis, and various other forms of functional paralysis. Posterior spinal sclerosis, that inexorable disease, which has been defiant to every other remedial measure, has in several instances yielded to rest alone. Professor N. S. Davis* relates a case in which the symptoms had been developing for several months previous to the patient's admission to the hospital. The diagnostic symptoms were so complete that he was several times presented to the class as an illustration of the course of typical cases of this disease. He was subjected to steady treatment for three months, taking in succession alteratives, tonics, and nutrients, combined with judicious diet and the use of electro-magnetism. At the same time he was encouraged to try to walk a little every day. Professor Davis now thinks that this latter direction was an error. For he gradually failed, and at the end of three months could not walk a step, or stand upon his feet without an assistant on each side to hold him up. Thinking further special treatment to be useless, he was directed to desist from all efforts to assume an upright position even long enough for the making of his bed, but to be kept strictly clean, and to be changed in position frequently to avoid the formation of bed-sores.

He was continued on a plain nutritious diet, and all medicinal treatment suspended except two teaspoonfuls at mealtime of the following mixture:—

℞. Ext malt fl. . . . . ʒij.
Syrupi hypophosphis comp. . ʒj.
M.

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*Lectures on the Principles and Practice of Medicine, by Nathan Smith Davis, A.M., M.D., LL.D. Chicago: Jansen McClurg & Co.

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The patient was left entirely at rest under these directions, expecting him to continue failing until the fatal issue was reached. Much to the surprise of everybody, however, the patient, after three months of this enforced rest, began to make efforts to help himself, and in another month was able to get out of bed and stand alone. He finally so completely recovered that he left the hospital in fair general health, and with a firm, steady step and gait in walking. Professor Davis states that he relates the particulars of this case, first, to show that patients sometimes recover from conditions of chronic disease which render their cases apparently hopeless, and second, to illustrate the value in some cases of entire and protracted rest in the recumbent position.

A somewhat analogous case was reported in the German medical journals last year. The patient, who had been suffering from posterior spinal sclerosis, was subjected to various forms of treatment without avail. He was steadily growing worse, when fortunately for him he fell and fractured his thigh. He was consequently obliged to remain in bed for six weeks. During this period of compulsory, but purely accidental rest, all the symptoms of the original disease disappeared, the fracture united readily and the patient recovered completely.

# CORRESPONDENCE.

## *OUR PARIS LETTER.*

ON THE FUNCTIONAL RELATION BETWEEN THE TWO RETINAS—INTESTINAL OBSTRUCTION CAUSED BY BILIARY CALCULI—PERINEORRHAPHY—DRY GANGRENE FROM IMMERSION IN PHENOL BOBŒUF—SUICIDE ATTEMPTED BY DRINKING PETROLEUM—M. DUBOIS'S NEW APPARATUS FOR ADMINISTERING CHLOROFORM AND AIR—DUCLAUT ON THE VITALITY OF ÆROBIC MICROBES.

PARIS, July 15, 1885.

At a recent meeting of the Paris Biological Society, M. D'Arsonval read a communication from Dr. Charpentier, Professor of the Medical Faculty at Nancy. The subject treated was the functional relation existing between the right and left retina. Dr. Charpentier sought to ascertain if the influence light exercises on one retina is communicated to the other. His first experiment consisted in withdrawing both eyes from the influence of light; when twenty minutes had elapsed the relative sensibility was determined. It was the same for both eyes. One eye was then bandaged, and the other opened and directed its gaze during two or three minutes' towards a clear sky. This experiment was very fatiguing, a gray cloud seemed to pass over the object looked at. In another experiment, one eye was kept in darkness during an hour, the other was exposed to the light, and its sensibility was six hundred times less than before the experiment was made. The eye which had been closed perceived the test object with the same quantity of light as previously. Dr. Charpentier therefore arrives at the conclusion that the fatigue inflicted on one retina does not influence the other.

M. Cruveilhier read notes at a recent meeting of the Société de Chirurgie on a case of intestinal obstruction caused by biliary calculi. The patient was a woman fifty years of age. In the groin of the left side there was an elongated tumefaction, which had been diagnosed at a previous examination by a surgeon as strangulated hernia. An incision was made, but as the inguinal canal was in a normal condition, the wound was sutured. M. Cruveilhier did not believe the case to be one of hernia, but one of intestinal obstruction, proceeding from an organic lesion. As the patient was excessively weak, pulse scarcely perceptible, and her temperature only 95°, he decided on non-intervention. Another surgeon a few hours subsequently examined the patient, and diagnosed a cancer in the iliac fossa, but disapproved of operating, because the patient appeared to be on the point of death. She lived five days longer, always presenting the same symptoms; the temperature during this time was never higher than 92.6°. The necropsy showed that there was neither peritonitis nor peritoneal effusion. In the right hypochondriac there was a conglomerate mass, consisting of the gall bladder and the right curvature of the colon. There were forty calculi in the gall bladder, also at about three metres above the cæcum a biliary calculus obstructed the intestines, and was evidently the cause of food not passing. The calculus was composed almost entirely of cholesterine, covered with sodium phosphate. M. Cruveilhier considers that in such cases laparotomy should be performed, and the gall bladder opened.

Dr. M. Schwartz, a distinguished and well-known hospital surgeon, has just issued a work entitled, "Quelques Considération sur la Périneorraphie." In it M. Schwartz describes two successful operations for ruptured perineum, performed a few days after delivery. The surface of the wound presented a few buds. One of the patients was a young woman of twenty-two

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years of age, the rupture extended six centimetres along the recto-vaginal septum. M. Schwartz was called in three days after delivery, and he observed that the wound presented some flesh buds, and that, likewise, there was suppuration. On the fifth day he placed sutures according to the methods of M. M. Jude Hue and Gaillard Thomas, he scraped the buds with a spatula, but abstained from cutting in order to obtain a raw surface. Portions of the flesh which were covered with eschars he removed with curved scissors, the surfaces were then moistened with carbolic acid, and the vagina was washed out with antiseptic injections. Silver sutures were used, four were placed in the vaginal mucous membrane, three quilled sutures were placed in the deep parts of the perineum, a row of sutures joined the surfaces of the superficial tissues. After the operation the vagina was again washed out with a weak solution of carbolic acid, which was repeated three or four times a day. The superficial sutures were removed the sixth day, the deep the eighth, and those of the vagina on the eleventh day, the patient made a complete recovery. The second patient was twenty-five years old. The rupture extended four centimetres along the recto-vaginal septum. The surfaces of the ruptured tissues were covered with eschars. M. Schwartz operated five days, after delivery, adopting the same method of procedure, and the patient recovered quickly and satisfactorily.

At a recent meeting of the Société Anatomique de Paris, M. Secheyron showed a specimen of dry gangrene consequent on prolonged immersion of the median finger in pure phénol bobœuf. A little girl cut her finger, and applied to a chemist for advice, he placed her finger in phénol, and dressed it with the same solution, which was not removed until twenty-four hours later on. Dry gangrene had then set in, and the finger had to be amputated.

A patient was admitted into M. Duquet's wards, of the Laribosiere Hospital, who had attempted to commit suicide by drinking petroleum. She had swallowed three litres. She suffered from an intense burning sensation in the mouth, œsophagus, and stomach, was very excited from the effect of pain, and from disappointment at having failed in her suicidal attempt. She exhaled a strong odor of petroleum; two grammes of ipecacuanha, supplemented by several glasses of milk, provoked vomiting, the matter vomited was covered by a layer of petrole, which presented the aspect of continuous grease spots. After an enema she had a fecal discharge, which presented the same peculiarity as the matter vomited, and also smelt strongly of petrole, the urine likewise. She was carefully watched in order to prevent further attempts to commit suicide. She continued to take large quantities of milk; she gradually recovered; ate ordinary fare; small doses of quinine sulphate cured the pains in her head which caused so much suffering, and in ten days she was convalescent.

M. Bert, at a recent meeting of the Académie des Sciences, referred to the objections that had been made to his method of administering chloroform in combination with air. He admitted that it was urged with justice that the volume of the anæsthetic agent prevented it from being practically useful, also that the combination of air with chloroform prevented the quantity administered from being accurately ascertained. M. Dubois has invented an apparatus which removes all the disadvantages just enumerated. M. Bert presented it to the Académie des Sciences. It consists of a cylinder capable of containing twenty litres. It is open at the two extremities. A vertical piston is placed at the lower extremity, into which the chloroform is poured, the quantity is inevitably the same, this is assured by the presence of a small cup similar to that in drags. This is an important detail in the instrument, as it regulates the dose of chloroform. Respiration continues easy and natural, and anæsthesia can be prolonged during two, three, and even four hours, without the patient suffering the least annoyance. Ten grammes of chloroform to one hundred litres of air, produces anæsthesia. Six grammes are sufficient to maintain it. The cup can be changed according to the dose administered. M. Dubois's instrument has been tested to a large extent in hospital practice, and found to be most satisfactory. In Belgium it is especially popular. M. Thirian de Souvain, who attended the recent Paris Congress, considers the invention renders great service in operations; vomiting rarely occurs, and is always more easily combated than with the old method. The period of agitation is shorter, the pulsations are normal, the breathing is calm and regular, and patients wake up as though from a natural sleep.

M. Duclaut states that on examining the retorts M. Pasteur had used for his experiments in 1860, he found fifteen among the sixty-five contained living microbes after an interval of twenty years. All the living microbes were ærobic, they absorb the slightest trace of oxygen left in confined air, and their germs live in an atmosphere deprived of oxygen. Those which are endowed with the most persistent vitality are the most active; there are six of these—l'aspergillus niger, of M. Raulin, or sterigermato cystis nigra (micrococcus) of M. Van Tieghem, the urococcus vivat, the tyrothrix tennis, the tyrothrix filiformis, discovered by M. Duclaut whilst engaged in his study on milk; the tyrothrix tenuior, the tyrothrix tenuissimus, a new species, which, like the two preceding, are bacilli.

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## OUR TEXAS LETTER.

AUSTIN, TEXAS, July 2, 1885.

*Editor Medical Bulletin, Philadelphia.*

DEAR SIR. The alarm created by the occurrence of an undoubted case of yellow fever in New Orleans last month has subsided, and once more the people of Texas breathe easy. The circumstances under which this case occurred entirely disproved the correctness of the theory upon which the Louisiana State Board of Health proposed to institute a quarantine—a quarantine not only for New Orleans, but, on account of the proximity of Texas and the free and frequent intercourse, social and commercial, between her cities and New Orleans, a quarantine for Texas as well—although Texas always maintains a separate one, and a good one. That bubble, therefore, has burst none too soon, and the occurrence of the one case may have been a sanitary blessing to the South. I mean, if this theoretical quarantine—practically a substitution of steam fans and carbolic acid for detention—had really been put in operation, the people, lulled with a false sense of security, might have relaxed their vigilance, and later in the season a case of fever may have occurred, which, unlike this early one, finding the conditions and circumstances and surroundings favorable to its propagation and development, might, and no doubt would, have lighted up an epidemic but for the timely protest of the Texas Health Officer against what has since been proven to be practically removing all restrictions from commercial intercourse with infected parts. No other objection would probably have been made, and, therefore, we may thank the intelligence, the vigilance, and the good, sound, sanitary sense of our excellent officer for the escape, so far, from a visitation of yellow fever. I will not enter into details as to those circumstances—the circumstances under which this child contracted the disease—further than to say, her father, an acclimated stevedore, had been engaged in unloading a ship from only a "suspected" port, and returning home in the city, it is supposed his person or clothing was the *fomites* which conveyed the germs; at any rate, his child had been exposed in no other way, yet she died of yellow fever.

The medical profession of Texas, as a class, are taking great interest in professional matters, much more than formerly. There seems to have been a general awakening all along the lines. This is due partly to the introduction into Texas of better and more journals than formerly. The mass of the profession read more, and better literature. I often get letters from physicians far in the interior, informing me that they take six, eight, ten, or more journals, and almost invariably amongst them is THE MEDICAL BULLETIN. It is due too, no doubt, to the spirit of organization having been awakened. Societies and clubs have been formed; meetings held; delegates sent to State and National Associations, etc. It is the having attended such conventions that has aroused many to a lively interest in the progress of medical science. The physicians of Texas feel, with regard to the honors recently conferred on their State last year, by the election of one of their worthy members to a vice-presidency of the Association, and this year the appointment of others on the sections of the American Medical Association, and more recently on the sections of the International Congress, that their worth, their endeavors are just beginning to be known and appreciated by the profession at large, and that has a stimulating influence, for you know that the love of approbation is inborn, and we all like to be appreciated. They are not a little proud to see by the journals that their State is credited with being one of the first to object to the appointment of everybody who was to represent the American Medical Association from one section of the country—as if the profession of America were not homogeneous—as if all the science and scientific learning were centred in one corner! And, in view of this, and of the fact, for it is a fact, that the Texas Journal was the first to protest against an arrangement by which many good men and many good States, as well as the Association itself, were done gross injustice, they feel as if the recent Chicago meeting is a very Waterloo victory for the South and West, and a feather in the Texas cap especially, notwithstanding some of the leading journals have repeatedly stated that the South and West based their claims on "geographic grounds!" and one said, on the ground that "a certain State raises a million and a half bales of cotton." How absurd the claim is based, so far as Texas is concerned, is the fact, as all liberal-minded men know, that, in addition to raising "a million and a half bales of cotton," there are nearly forty-five hundred practising physicians in the State, five hundred of whom are organized into a State society already noted for the quantity and quality of its scientific work—a society whose guide and rule of conduct is the MAGNA CHARTA by which the American Medical Association and the International Medical Congress are guided, a society many of whose members are, moreover, members in good standing in the American Medical Association, many of whom are, moreover, graduates of the boasted "institutions of learning," which, the New York Record reminds us, are "located North," and lays claim, therefore, to the possession in the North of a monopoly of learning—a corner on Congressional timber of suitable quality. Upon what meat do these, our medical Cæsars, feed, that they are so much superior to their brethren of the rest of creation?

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It is particularly gratifying to learn that the position taken by the South and West—Texas leading—and the consequent action of the American Medical Association, was sustained by such high legal authority as ex-Speaker Randall and Edward A. Anderson, Esq., of Philadelphia. Our own Davis had given the opinion that was enough for the faithful, but it required something more to satisfy those against whose preconceived ideas the opinion clashed, and it seems that the opinions of Messrs. Randall and Anderson were the *desideratum*. It is particularly gratifying that the original committee express themselves as satisfied, and have abided by these opinions. This fact raises Dr. Billings in our estimation; he was beginning to wane after I learned of his proposed meeting of the original seven, but now I am satisfied he can be both just and generous; he has many of the elements of greatness about him, and is a wonderfully magnetic man.

Apropos of this trouble, and the occurrence at the New Orleans Convention, the Columbus (Ohio) Medical Journal has recently exhibited the sorest head and the most bilious tongue of any of the journals which have spoken in defence of the original appointments—New Code men and all. The New York Record and New York Journal are thoroughly on record as defenders of the seceders; and the Columbus Journal makes a spectacle of itself, in its attempt to play second fiddle to those illustrious organs. This journal disgorged lately an immense deal of bile on the subject. I will make only one quotation. "The eloquent champion of Texas mothers had not been provided for; the oleates had been ignored; and so there was a kick. The original kick it would appear originated in Texas, where" (here follows a misquotation from the Texas Journal, for which look to see the editor catch "Hail Columbia" when the new issue comes out. The Columbus man will feel as if he accidentally ran against a patent threshing machine, and will doubtless crawl into a hole and pull the hole in with him, but to continue the quotation from the Ohio Journal) "Therefore the committee was enlarged, that the ranches of Texas, the prairies of Kansas, the mines of Colorado, and the wheat fields and forests of the great Northwest might be 'represented' among the officers of this Congress." Why not have said also "the hogs of Ohio?" He claims that of the fourteen Ohio appointments, Cincinnati got all but one. This amiable (?) contemporary alludes to the new members of the committee as "rustic accessories from the 'rural deestricts'."

I have no doubt, my dear Dr. Shoemaker, you will be greatly obliged to your colleague from the hog killing State for his compliment, for such it is, although expressed in language more oleaginous than elegant; for it shows that he envies your identity with a scientific achievement which has added lustre to American medicine. It is to be regretted that said colleague is not known in connection with something by which you could return his compliment, by characterizing him or identifying him with it. As to ourselves, we are proud of the distinction he confers upon us by sneeringly alluding to us as the "eloquent champion of Texas mothers." We doff our tile.

It is gratifying to us down this way, to see that the committee refuted the accusations of the Record, that a "few dissatisfied gentlemen wanted to acquire prominence in connection with the Congress," by not appointing a single member of the committee to any position, with the single exception of the illustrious Battey.

In my next letter, I hope to give you an account of a piece of work which has been undertaken by the Texas State Medical Association, which illustrates fully my meaning as expressed in the beginning of this letter, as to the interest Texas physicians are taking in scientific work and medical matters generally, it being nothing less than the collation of all the surgical work done by Texas surgeons since the war. More anon.

## COLLEGE GOSSIP.

### *Jefferson Medical College.*

Dr. M. A. Hanly (Class of 1852) died on July 18th, at his residence, 1304 Walnut Street, Philadelphia.

Dr. Stanley M. Ward (Class of 1852) was married on June 25th to Miss Carrie Carpenter, of Waverly, Pa.

Dr. John F. Foulkes (Class of 1882) has been appointed Physician to the Home for the Adult Blind at Oakland, Cal.

Dr. John A. Thomson (Class of 1852) was married on June 4th to Miss Lizzie C. Harmer, daughter of Hon. A. C. Harmer, of Germantown, Pa.

### *Philadelphia Polyclinic.*

Dr. Howard F. Hansell has been elected Adjunct Professor of Diseases of the Eye.

Dr. T. J. Mays has been elected Professor of Experimental Therapeutics and Physiology.

### *Buffalo Medical College.*

Dr. Dugald Macneil, Lecturer on Clinical Dermatology, died on March 21st.

Professor Charles C. F. Gay, who was obliged to resign the Chair of Operative and Clinical Surgery, on account of failing health, has been elected Emeritus Professor of Surgery.

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*The University of Vermont.*

Dr. Ambrose L. Ranney, of New York, has been appointed to the Chair of Nervous Diseases in the Medical Department, in place of Dr. W. J. Morton, resigned. It is announced that Professor Ranney will give a course of lectures in this department every year, in addition to his course on anatomy.

*Chicago Medical College.*

Dr. W. W. Jaggard has been elected Professor of Obstetrics.

Dr. E. O. F. Roler has been elected Emeritus Professor of Obstetrics.

Dr. N. S. Davis, Jr., has been elected Professor of General Pathology and Pathological Anatomy.

*College of Physicians and Surgeons, Chicago.*

Dr. Christian Fenger, has been elected Professor of Clinical Surgery.

Dr. N. Senn, of Milwaukee, has been elected Professor of the Principles and Practice of Surgery.

*Atlanta Medical College.*

Dr. F. W. McRae has been elected Demonstrator of Anatomy.

Dr. J. D. Wilson has been elected to the Chair of Chemistry in the Atlanta Medical College, made vacant by the death of Dr. J. H. Logan.

*University of Louisiana.*

Dr. J. F. Y. Paine, of Galveston, has been elected to the Chair of Therapeutics and Materia Medica.

*St. Paul Medical College.*

The Faculty of the St. Paul Medical College is announced as follows:—

A. J. Stone, M.D., President and Professor of Diseases of Women.

C. A. Wheaton, M.D., Vice-President and Professor of Surgery.

L. N. Denslow, M.D., Secretary and Professor of Diseases of the Skin and Syphilography.

Park Ritchie, M.D., Treasurer and Professor of Obstetrics.

Jay Owens, M.D., Professor of Practice of Medicine.

J. A. Quinn, M.D., Professor of Medical Surgery and Genito-Urinary Diseases.

C. E. Riggs, A.M., M.D., Professor of Mental and Nervous Diseases and Electro-Therapy.

John Fulton, Ph.D., M.D., Professor of Diseases of the Eye and Ear.

A. E. Senkler, M.D., Professor of Clinical Medicine.

G. A. Hewitt, M.D., Professor of Anatomy.

C. B. Witherle, M.D., Professor of Physiology.

J. E. Moore, M.D., Professor of Orthopædic Surgery.

*Memphis Hospital Medical College.*

Dr. R. B. Maury has been elected to the Chair of Gynæcology.

Dr. Alexander Erskine has been elected to the Chair of Obstetrics.

Dr. S. H. Brown has been elected to the Chair of Materia Medica.

Dr. D. D. Saunders, has accepted the Chair of Principles and Practice of Surgery and Clinical Surgery.

Dr. William E. Rogers, Professor of Surgery and Dean of the Faculty of the Memphis Hospital Medical College, of which he was also the founder, died on May 21st, in the fifty-ninth year of his age. Dr. Rogers was a graduate of Jefferson Medical College, and was not only a physician of prominence, but also a surgeon of acknowledged eminence and skill.

*Louisville Hospital Medical College.*

Dr. Samuel Ayres has been elected to the Chair of Physiology and Operative Surgery.

Professor D. S. Reynolds, who occupies the Chair of Ophthalmology and General Pathology will also deliver a course of lectures on Hygiene.

Professor Frank C. Wilson, who formerly occupied the Chair of Physiology and Clinical Medicine, has been transferred to the Chair of Practice and Clinical Medicine.

*University of Louisville.*

Dr. Turner Anderson has been transferred from the Chair of Materia Medica and Therapeutics to that of Obstetrics and Diseases of Women.

Dr. J. A. Octerlony has been transferred from the Chair of Obstetrics and Diseases of Women to that of Theory and Practice of Medicine, previously occupied by Dr. Holland.

William Bailey, A.M., M.D., for the past thirteen years Professor of the Theory and Practice of Medicine in the Louisville Hospital Medical College, and President of its Faculty, has resigned his place in that institution and been appointed to the Chair of Materia Medica and Therapeutics in the University.

EMACIATION OF PHTHISIS.—Prof. H. C. Bartlett, in his treatise on "Digestion of Fats, etc," says, "In consumption and other wasting diseases, the most prominent symptom is emaciation, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of Hydroleine."

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# MEDICAL NEWS AND MISCELLANY.

DR. S. B. IRVIN, of Camden, is spending the season at the Hotel Albion, at Atlantic City, N. J.

PROFESSOR H. NEWELL MARTIN, of Johns Hopkins University, has been elected a Fellow of the Royal Society of England.

DR. JOHN L. ATLEE, Jr., one of the most prominent physicians of Lancaster, Pa., died at his residence in that city on July 16th.

DR. EDMOND SONCHON, of New Orleans, has been elected to fill the Chair of Anatomy and Clinical Surgery in Tulane University.

DR. JAMES R. TAYLOR, of New York, has received the degree of A.M. from the President and Trustees of Ohio University, Athens, Ohio.

DR. W. S. HIGBEE has been elected superintendent of the Philadelphia Sanitarium for Sick Children, at Point Airy, for the third time.

DR. JOHN S. DAVIS, Professor of Anatomy and Materia Medica in the University of Virginia, died at his residence in Charlotteville, on July 18th.

DR. GEORGE J. ENGELMAN has resigned from the editorial department of the Weekly Medical Review. Dr. F. C. Ameiss has been selected as his successor.

DR. EDWARD COWLES, Superintendent of the McLean Insane Asylum, at Somerville, Mass., will give a course of lectures on Mental Diseases at Dartmouth Medical College.

CARBOLIC ACID IN CHOLERA.—Dr. B. F. Trader, of Sedalia, Mo. (Weekly Medical Review), recommends half-drachm doses of the glycerite of carbolic acid in the treatment of cholera and choleriform diarrhœa.

PULSATING EMPYEMA. — Dr. George Ross (Canada Med. and Surg. Jour.) reports an interesting case of pulsating empyema, simulating thoracic aneurism, which ended by spontaneous discharge through the lung into the bronchial tubes, the patient making a good recovery.

COCAINE IN THE REMOVAL OF SEBACEOUS CYSTS.—Dr. J. J. Mulheron (Medical Age) says that the injection of ten or fifteen drops of a four per cent. solution of muriate of cocaine into the integument covering sebaceous cysts, will so obtund sensibility as to make their removal absolutely painless.

STATE BOARD OF HEALTH OF PENNSYLVANIA. —The Governor has appointed the following to constitute the State Board of Health: Col. William Ludlow, Benjamin Lee, M.D., Joseph F. Edwards, M.D., Pemberton A. Dudley, M.D., of Philadelphia; E. W. Germer, M.D., of Erie; and J. W. McClellan, M.D., of Pittsburgh.

THE American Neurological Association at its recent meeting elected the following officers: President, Dr. C. K. Mills, of Philadelphia; Vice-President, Dr. V. P. Gibney, of New York; Secretary and Treasurer, Dr. R. W. Amidon, of New York. Members of the Council: Dr. G. W. Jacoby, and Dr. E. C. Seguin, of New York.

THE Medical Society of the State of West Virginia, which met at Weston on May 20th and 21st, elected the following officers for the ensuing year: President, Dr. T. A. Harris, of Parkersburg; Vice-Presidents, Drs. A. H. Kunst, of Weston, J. F. Lanham, of Newberg, and J. L. Fullerton, of Charleston; Secretary, Dr. Samuel L. Jepson, of Wheeling; Treasurer, Dr. J. A. Campbell, of Wheeling.

DR. W. H. ANDREWS (New England Medical Monthly) records the case of a woman æt. 84 years, in whom the menopause occurred at the age of sixty. Twenty years later she commenced menstruating again, and has continued so to do with regularity every month since. It is accompanied with all the phenomena which goes with that function. Careful examination has failed to find any cause for this condition of affairs. The patient seems to enjoy good health in all respects.

THE ORANGE AS A GALACTAGOGUE.—A correspondent of the North Carolina Medical Journal, of April, 1885, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially.—*Journal of American Medical Association.*

CARBOLIC ACID POISONING. — Dr. E. F. Hodges (Indiana Medical Journal) reports a case of a child four years old, who had been suffering from ascarides vermicularis, for which her father, a clergyman, gave her an enema containing a teaspoonful of pure carbolic acid. The child became unconscious and cyanotic in a few seconds. When Dr. Hodges arrived, twenty minutes later, she was apparently moribund, her breathing was stertorous, pupils dilated, sphincters relaxed, surface cold, and radial pulse absent. The hypodermatic administration of ammonia, ether, and whiskey was at once resorted to, combined with the application of external warmth, and the little patient recovered in about twelve hours.

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THE ETIOLOGY OF STILL-BIRTHS.—In a recent discussion before the New York County Medical Association upon the etiology of still-births, Professor E. G. Janeway said that when he was one of the Health Commissioners he made a careful investigation of this matter, and found that the use of ergot constituted a pretty large factor in the etiology of still-births in all cases attended by midwives. Another prominent factor was the fact that in difficult cases of labor the midwives usually waited too long before sending for skilled assistance.

Dr. Leale stated that another cause which was frequently overlooked was chronic obesity on the part of the mother. Although the pelvic diameters were ample, there might be so much obstruction offered by the soft parts that the child could not be born alive. He had known of several such instances, and in one case he successfully delivered the patient of a living child by resorting to the induction of premature labor.

REFLEX COUGH DUE TO IRRITATION OF THE AUDITORY MEATUS.—Dr. H. W. Gradle (Chicago Medical Journal) says: "It is well known that irritation of the walls of the meatus will produce cough in many persons. The continued occurrence of this reflex was illustrated by the case of a young man who had had a cough for four months, coming on sometimes in distressing paroxysms, which several physicians had failed to remove, so that he had resolved to cease all treatment. An eczema of the meatus, which he supposed to have been there for several months, but to which he had not paid any attention, had lately spread further along the auricle, for which annoyance he called on me. After a single application of a strong solution of nitrate of silver to the well-denuded and scraped eczematous surface, his coughing fits never returned, and the slight bronchial irritation, which accompanied the trouble, disappeared during the next few days of treatment of the eczema. This cure was permanent, as I learned six weeks later. In another instance, a spasmodic cough in a child, the nocturnal attacks of which had kept the parents in a state of alarm for three weeks, was removed by taking a plug of exfoliated epithelial scales out of the auditory meatus."

SCIRRHOUS CARCINOMA OF THE BREAST.—Dr. W. H. Iszard, of Camden, N. J., assisted by Drs. Irelan and W. A. Davis, recently removed a scirrhous carcinoma weighing between four and five ounces from the right breast of a woman æt. 33 years. She first noticed the tumor as a small, hard lump about seven months ago, but did not call Dr. Iszard's attention to it for about six months, when he advised its early removal. About two weeks later Dr. Iszard removed it, by making two elliptical incisions on a line with the pectoral muscles, severing but three small vessels. These were immediately closed by the use of serrafines. The tumor was firmly adherent to the pectoralis minor. It and all the involved glands were removed, yet saving the nipple, which was not yet retracted, and a portion of the breast, leaving very little or no deformity. The parts were then well cleansed with carbolized water, stitched with iron-dyed silk ligatures, a three-quarter inch space was left for drainage at the lowest part of the incision. Three compresses were then placed one below, one above, and one directly over the dressing, and a firm bandage applied over all. The patient did not suffer any pain after the operation. The wound healed rapidly, and she is now attending to her household duties.

INTESTINAL OBSTRUCTION TREATED BY WASHING OUT THE STOMACH.—Dr. J. T. Whittaker, in the Cincinnati Medical News, April, 1885, gives the history of a case of obstruction in which he employed this method of treatment, and calls attention to the fact that so long ago as April, 1880, he had read before the Cincinnati Academy of Medicine the notes of a case treated in like manner. In this, although irrigation gave relief to the distressing vomiting, the issue was fatal.

Dr. Whittaker would, therefore, seem to be the originator of the measure, which, if he establish the claim, will be but one of many proofs of his sagacity in dealing with difficult therapeutic problems.

The good results so often obtained by this procedure are explained upon the following theory: First, that the stomach and intestines above the point of obstruction are emptied of all accumulated material, which, supplemented by evacuation from below, gives room in the abdomen for the free movement of the bowels. Second, the chief hindrance to peristaltic action being thus removed, spasm is allayed, the natural vermicular movements are restored, and the gut is placed under the best possible conditions for extricating itself from invagination or vulvulus, or the pushing onward of obstructing masses.

The method of performing the irrigation is simple. A tube is introduced into the stomach and its contents withdrawn, after which warm water is injected and brought again to light. This is usually continued until the fluid coming away is clear. The procedure is repeated as often as the symptoms may call for it, a return of nausea and vomiting indicating that the stomach is again filling with intestinal accumulations. The only contra-indication to the measure would seem to be gastric ulcers, but Debove claims that by the use of the soft tube and the exercise of due care against over-distension with water, irrigation may be practised in spite of the ulcer, and without fear of perforation.—*Louisville Medical News.*

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ACONITUM FEROX.—Dr. D. H. Cullimore, M.R.C.P., F.R.C.S. (late senior physician to the Northwest London Hospital; retired surgeon Indian Army), recently read a valuable paper before the British Medical Association on the therapeutic action of aconitum ferox, or Indian aconite. After describing various species of the drug, Dr. Cullimore detailed a number of cases in which he had used it with marked benefit. It reduces fever, and gives relief from pain without any after bad results.

It is more diuretic and less diaphoretic than the aconitum napellus; and probably, also, because it is less diaphoretic it is less antipyretic.

As an anæsthetic, or dysæsthetic, in gouty and rheumatic conditions, it is superior to the aconitum napellus, while as a vascular depressant in small doses it is not so powerful. Dr. Cullimore gave it in a case of fatty heart and intermittent pulse during an attack of intercurrent congestion of the lung in an old subject, not only without danger, but with a highly beneficial effect. In this case it quickened the heart's action. In minute doses, it probably acts as a cardiac stimulant. In small doses it stimulates the nervous system at all parts and peripherally. In moderate doses it causes dysæesthesia, perversion of sensation, as exemplified by the tingling and numbness; while in larger doses it is anæsthetic, and a paralyzer of the nerves and other centres. Its first action on the nervous system, with its diaphoretic effect, will probably be found to explain its good effect in leprosy.

Its first effect is to produce heat, followed by lowering of the temperature and cold perspiration.

Its antipyretic effect is due to a lowering of the central circulation, by which it lessens the production of heat, while by its diaphoretic action it facilitates its removal. Thus its action is different from that of quinia and some other drugs, which destroy or minimize by their antiseptic action, the conditions which lead to or tend to excite fever. When given in chronic rheumatic conditions, it may be given till tingling is produced; whereas, in acute rheumatism its action on the heart, though useful in moderate doses in the early stages, and in small throughout, must be carefully noted later on in this disease.

The cases in which Dr. Cullimore used it were of neuralgia, sick headache, rheumatism, scarlatina, asthma, and other kindred complaints. He also found it useful externally, particularly as an application for chillblains, for which it is unrivalled.

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SEND us your MEDICAL BULLETINS for January and March, 1885, and we will advance your subscription two months for each of the above numbers.

# BOOK REVIEWS.

*Kirke's Hand-Book of Physiology.* By W. MORRANT BAKER, F.R.C.S., Lecturer on Physiology at St. Bartholomew's Hospital, etc., and VINCENT DORMER HARRIS, M.D., Demonstrator of Physiology at St. Bartholomew's Hospital, etc. Eleventh edition, revised and improved, with nearly 500 illustrations. Volume I. New York: William Wood & Co., 1885.

In the preparation of the eleventh edition of Kirke's Physiology, the editors have endeavored to maintain the reputation which it has long enjoyed as a concise and complete manual for students. All the latest established facts and observations have been incorporated in its pages, and a large number of new illustrations added. Volume I., which has been issued as the February number of Wood's Standard Library, contains thirteen chapters devoted to the consideration of the phenomena of respiration, circulation, digestion, absorption, secretion, and the production of animal heat. Volume II., which will be issued shortly, will contain an elaborate description of the remaining functions.

*A Guide to the Diseases of Children.* By JAMES FREDERICK GOODHART, M.D., F.R.C.P. Revised and Edited by LOUIS STARR, Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co.

The American edition of Dr. Goodhart's work on Diseases of Children, not only contains the valuable views of the author, but also much practical material from the editor, Dr. Louis Starr. The author has carefully confined his description of the various diseases treated simply to childhood, and has thus wisely omitted much that usually make books on diseases of children too extensive and not sufficiently practical. The author and editor have both laid especial stress upon the treatment of all the affections, which are also briefly but well described. Among the most useful subjects that have received very careful attention, is that of diet of children in health. If it is necessary, adds Dr. Goodhart, to make any addition to the breast milk, good cow's milk may be tried first, and it is to be diluted with an equal part of water, or equal parts of milk and lime water, slightly sweetened with sugar of milk or lump sugar, six tablespoonfuls to be given at a meal. The other additions to milk, as well as the consideration of all forms of food for children, and the intervals at which to administer it, is clearly and well set forth in this same chapter. The additions made by the editor to each chapter are of great value, especially to the general practitioner, and show special and practical knowledge of the subjects so ably treated. An appendix of the formulæ at the end of the work is most useful for rapid reference.

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*The Kaaterskill Region: Rip Van Winkle and Sleepy Hollow.* Published by the Kaaterskill Publishing Company.

This beautiful volume presents the well-known legend of Sleepy Hollow and the story of Rip Van Winkle, as an appropriate introduction to a description of the beauties of that region which has been made famous by the genius of Washington Irving. Until within a comparatively recent time, the difficulty of mountain travel and the absence of even the most primitive accommodations, debarred all but the most enthusiastic from enjoying its magnificent scenery, and exulting in the revivifying influence of its pure mountain air. Now, however, owing to the genius and enterprise of a citizen of Philadelphia, the weary invalid in search of health, as well as the tourist in quest of pleasure, is carried smoothly and easily by rail to the Hotel Kaaterskill upon the topmost peak of the mountain from which it takes its name.

*An Inquiry Into the Geographical Distribution and Cause of the Increase of Cancer in England and Wales.* By F. T. BOWREMAN JESSETT, F.R.C.S. London: H. K. Lewis, 136 Gower Street.

In this admirable pamphlet, Mr. Jessett forcibly calls the attention of the profession to the remarkable increase of deaths from cancer, and urges renewed endeavor to ascertain its cause. The observations made by the author tend to prove that cancer is most prevalent in those counties which are always more or less damp, and in which the land is low and flat. He has also noticed that a number of patients in the Cancer Hospital were subjects of the rheumatic diathesis. Whether this be merely an accidental coincidence can only be determined by reference to a large number of cases. It is a lamentable fact that all attempts thus far made to trace the origin of this disease, or find a specific for it, have been without positive results. The author adverts to the prominent part played by inheritance in its transmission, and to the influence of mental worry as a factor in its development, and suggestively asks if the nervous strain due to our high-pressure modern life be not one of the causes of the increased mortality from this ill-understood disease.

*Lessons in Domestic Science.* F. M. GALLAHER. 12mo., pp. 243. Dublin: Brown & Nolan, 1884.

This little manual was written for our cousins, their sisters, and their aunts in the evergreen isle, the land of wit, wisdom, and unbounded hospitality. It is none the less welcome in America, for its lessons are trite, good, and timely. Its grand divisions are the *Individual*, his *Food*, and his *House*. The subdivisions are numerous, the whole occupying fifty-two "lessons," or chapters. Much of the matter is far ahead of similar writing in other manuals of hygiene, and not a little of it is exceptionally good. Any intelligent housekeeper will be benefited by its perusal, if she accepts and follows its advice, and none will regret its cost. It should be found on the bookshelf of the kitchen with the other works which ought to be found in all well-regulated houses, and the reviewer has always insisted that a culinary library is a *sine qua non* in every kitchen, be it large or small.

*Controlling Sex in Generation: The Physical Law Influencing Sex in the Embryo.* By SAMUEL HOUGH TERRY. New York: Fowler, Wells & Co.

This is a very trashy publication. Its title, however, will excite the curiosity of the prurient, and consequently assist in its sale.

*Aneurisms of the Aorta; With Especial Reference to their Position, Direction, and Effects.* Being an Exercise for the Degree of M.B. in the University of Cambridge. By OSWALD BROWNE, M.A., M.B. London: H. K. Lewis, 1885.

This elaborate monograph contains a careful analysis of the *post-mortem* records of eighty-eight unpublished cases of aneurisms of the aorta. Sixty of the cases occurred in the ascending or transverse portions of the arch, the remaining twenty-eight cases were equally distributed between the descending portion of the arch, the thoracic, and the abdominal aorta. The former are, of course, the parts of the aorta first called upon to bear the strain of increased blood-pressure, and are therefore the earliest and most commonly affected with aneurismal changes.

*Dr. Seguin's Metric Prescription Book.* New York and London: G. P. Putnam's Sons, 1885.

The metric, or decimal system of weights and measures has been legalized, and will soon become obligatory in the United States, as it is in eighteen other countries. Science—a higher authority than governments—has adopted it as the universal standard, and the State Medical Societies of Massachusetts, New York, and Pennsylvania, recommend its acceptance. It is not too soon, therefore, to begin its employment. It is much simpler than the old system, and impresses the mind as soon as it is presented to the eye. The difficulties attending its use at first are greatly diminished by the tables accompanying Dr. Seguin's neat little book.

*Transactions of the College of Physicians of Philadelphia for the Year 1884.*

This interesting volume contains memoirs of Professor S. D. Gross, Dr. Thomas Stewardson, Dr. George Fox, and Dr. J. Forsyth Meigs, and the following valuable papers: Enteric Para-

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plegia, by Professor Roberts Bartholow, M.D.; Report of a Case of Abdominal Tumor Somewhat Resembling Pregnancy, by John H. Packard, M.D.; Criticisms on the Specific Theory of Hydrophobia, by Charles W. Dulles, M.D.; Report of the Committee on Meteorology and Epidemics for the years 1881 and 1882, by Professor Jos. G. Richardson, M.D.; Chronic Nasal Catarrh in Children, by Professor Harrison Allen, M.D.; A Case of Inflammation of the Cervical Portion of the Spinal Cord, by J. Cheston Morris, M.D.; A further Note on the Specific Treatment of Enteric Fever, by James C. Wilson, M.D.; Clinical Aspects of Cerebral Syphilis, by Professor Horatio C. Wood, M.D.; The Time Required by the Blood for Making one Complete Circuit of the Body, by Professor Robert Meade Smith, M.D.; History of a Case of Peri-Hepatic Abscess, by E. T. Bruen, M.D.; Criticisms from a Chemical Point of View on Some Favorite Prescriptions, by Henry Leffmann, M.D.; A New Method of Recording the Motions of the Soft Palate, by Professor Harrison Allen, M.D.; A Study of the Nutritive Value of Branny Foods, by N. A. Randolph, M.D., and A. E. Roussel, M.D.; On a Form of Numbness chiefly of the Upper Extremities, by Wharton Sinkler, M.D.; The Composition and Methods of Analysis of Human Milk, by Professor Albert R. Leeds, Ph.D.; Cholecystotomy, with a report of two new cases, and a table of all the hitherto reported cases with remarks, by J. H. Musser, M.D., and Professor W. W. Keen, M.D.

*The New Local Anæsthetic: Hydro-chlorate of Cocaine, and Etherization by the Rectum.* By LAURENCE TURNBULL, M.D., Ph.G., Aural Surgeon to Jefferson Medical College, author of a Manual of Anæsthetic Agents, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

Dr. Turnbull presents in the first section of this valuable monograph a *résumé* of all that has been recorded of the use of cocaine up to the present time, with a number of practical suggestions that will be of value to those who have not had an opportunity of keeping abreast with the literature of the subject. The second section is devoted to a discussion of the merits, and a demonstration of the dangers of the recently-introduced method of etherization by the rectum. It has been employed in fifty-three cases with two deaths. Dr. Turnbull justly considers this percentage of fatality great enough to cast doubt on its value, if not to condemn its use.

*Our Bodies; or How We Live.* By ALBERT F. BLAISDELL, M.D. Lee & Shepard, Boston.

This little work is an elementary text-book of physiology and hygiene, designed for use in the common schools. It is written in an attractive and instructive style, and illustrated throughout with diagrams. Several practical experiments are referred to as a further means of impressing the facts of physiology upon its youthful readers, and the manner of performing them explained in a separate chapter. All through the book are valuable suggestions for the proper care of the various organs and functions. A chapter is devoted to the consideration of the preservation of health and the treatment of emergencies. One of the notable features of this excellent little work is a vivid description of the effects of stimulants and narcotics on the human system.

*Insomnia and Other Disorders of Sleep.* By HENRY W. LYMAN, A.M., M.D., Professor of Physiology and of Diseases of the Nervous System in Rush Medical College, etc. Chicago: W. T. Keener, 1885.

This is a book of absorbing interest as well as of practical value. The author possesses the rare faculty of investing the most abstruse subjects with the garb of fascination. He first discusses the various theories which have been suggested as to the nature and cause of sleep. Insomnia in its different phases is then considered, with especial reference to prevention and cure. The final chapters contain an elaborate presentation of the latest views of the phenomena of somnambulism and hypnotism.

*The Medical Directory of Philadelphia, Pennsylvania, Delaware, and the Southern Half of New Jersey.* P. Blakiston, Son & Co., 1012 Walnut Street. 1885. Price, $2.50.

The names and addresses of all members of the medical, dental, and pharmaceutical professions in this city and the adjoining States named, are given in a most accurate way, fully up to the present time. The educational institutions, societies, hospitals, and dispensaries, general and special, and in fact all and every thing that concerns the medical profession here receives notice. The directory is not only useful, but a necessity to all physicians, dentists, and pharmacists, practising within the limits that it covers. It is neat, compact, and practically arranged.

*The Analectic: A Monthly Periscopic Summary of the Progress of Medical Science.* Edited by WALTER S. WELLS, M.D. Volume I. G. P. Putnam's Sons, New York and London.

The Analectic was planned to meet the increasing requirement for frequent analysis and classification of the immense number of valuable items which are to be found in the mass of current medical literature. The volume before us is an evidence of how faithfully this idea has been carried out. It contains the cream of the practical contributions made to medical science last year, presented in a convenient and comprehensive form.

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## NEW PUBLICATIONS RECEIVED.

American College Directory, by C. H. Evans & Co., St. Louis.

Catalogue of the Pennsylvania State College for 1884 and 1885.

Report of the Board of Managers of the Pennsylvania Hospital.

Disinfection and Disinfectants. American Public Health Association.

Syphilis, by G. A. Hewitt, M.D., St. Paul, Minn. Reprint from Northwestern Lancet.

Eighth Annual Report of the Managers of the Sanitarium Association of Philadelphia.

A Lecture on Sterility, by William H. Wathen, M.D. Reprint from the Medical and Surgical Reporter.

Remarks on Typhoid Fever in the Young. By A. Jacobi, M.D. Reprint from Archives of Pediatrics.

The One Hundred and Second Annual Catalogue of Dickinson College for the academical year of 1884–1885.

A Treatise on Milk and Henri Nestle's Milk Food, by H. Lebert. New York: Thomas Leeming & Co.

Epilepsy, by L. M. Baker, M.D., Baldwinsville, Mass. Reprint from Journal of Mental and Nervous Diseases.

An Open Letter to the Board of Directors of the Children's Hospital, Washington, D. C., by A. Y. P. Garett, M.D.

Idiopathic Anæmia, by J. H. Musser, M.D. Reprint from the Proceedings of Philadelphia County Medical Society.

Twenty-fifth Annual Report of the Medical Superintendent of the State Asylum for Insane Criminals, Auburn, N. Y.

Catalepsy in a Child Three Years Old, by A. Jacobi, M.D. Reprint from the American Journal of Medical Sciences.

An Open Letter from Dr. Edward W. Jenks to Dr. N. S. Davis, Editor of the Journal of the American Medical Association.

Report upon the epidemic of Typhoid Fever at Plymouth, Pa., by W. S. French, A.M., M.D., and E. O. Shakespeare, A.M., M.D.

Does Tobacco Produce Amblyopia? By W. Franklin Coleman, M.D., M.R.C.S., Baltimore, Md. Reprint from Maryland Medical Journal.

A Description of the Improved Sonometer, and an Inquiry into the Increase of the Opium Habit, by M. F. Coomes, M.D., Louisville, Ky.

An Improved Refraction Ophthalmoscope, by L. Webster Fox, M.D., Ophthalmic Surgeon, Germantown Hospital, etc. Reprint from Medical News.

Lesions of the Nervous System Etiologically Related to Cutaneous Disease, by H. Radcliffe Crocker, M.D., M.R.C.P., etc. Reprint from Brain.

Specialties and their Relation to the Medical Profession, by L. Duncan Bulkley, A.M., M.D. Reprint from Journal American Medical Association.

Lupus and its Treatment, by Walter G. Smith, M.D., Physician to Sir Patrick Dun's Hospital, etc. Reprint from Dublin Journal of Medical Science.

Diagnosis of Spinal Disease, and Observations on Hip-Joint Disease, by Thomas P. Grant, M.D., Louisville, Ky. Reprint from Louisville Medical News.

Two Cases of Congenital Imperforate Anus with Fecal Fistula in the Adult Female, by Clara Marshall, M.D. Reprint from American Journal of Obstetrics.

Specialties and their Relation to the Medical Profession. By L. Duncan Bulkley, A.M., M.D. Reprint from Journal of the American Medical Association.

Wounds of the Brain. An Essay read by Appointment before the Luzerne County Medical Society, by Dr. J. B. Crawford. Published by request of the Society.

Carbolic Acid Gas as a Local Application to Chronically Inflamed Mucous Surfaces, by A. Rose, M.D., New York. Reprint from Annals of Anatomy and Surgery.

Massage; The Latest Handmaid of Medicine, by Benjamin Lee, A.M., M.D., Ph.D., Philadelphia. Reprint from Transactions of Medical Society of Pennsylvania.

The Physiological Effects and Therapeutical Uses of Hydrastis, by Roberts Bartholow, A.M., M.D., LL.D. Reprint from the Drugs and Medicines of North America.

The Measurement of Refraction by the Shadow-Test, or Retinoscopy, by Edward Jackson, A.M., M.D., Philadelphia. Reprint from American Journal of Medical Sciences.

A Case of Primary Epithelioma of the Tonsil, by F. Donaldson, Jr., B.A., M.D., Chief of Clinic, Throat and Chest Diseases, University of Maryland. Reprint from Medical Record.

Thirty-first Report upon the Births, Marriages, and Deaths in the State of Rhode Island for the year 1883, by Charles H. Fisher, M.D., State Registrar of Vital Statistics, Providence, R. I.

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## REPORT OF INTERESTING CASES

TREATED AT

## THE SURGICAL INSTITUTE,

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from last number)

ANOTHER CASE:—

F. M., æt. 38, R. R. engineer; complete paralysis of lower extremities, with total inability to retain either feces or urine. Motility entirely destroyed, and sensation greatly impaired. This condition was caused by an injury received in a railroad collision about six months before the patient came to Institute; for four months his condition had been at best but stationary, and was so deplorable that we recorded him on our books and received him as "experimental." The treatment was first a brace support to the spine so contrived as to keep it as nearly at perfect rest as possible—after the spine had been thus rested a little time we began with massage, very mild electrical (faradic) currents, and finally the vacuum treatment, as heretofore described. Result: In two months he began to sit up, in three months he occupied a rolling chair ten to twelve hours each day, in six months he was able to stand on his feet, in nine months he could walk pretty well, and now, at the end of three years, is apparently entirly cured, and for a year past has been daily engaged at office work in his former business.

Mild cases of cerebral paralysis are perhaps more hopeful than those of spinal origin. The following case is offered:—

S. A., æt. 52. Partial paralysis of left side had existed about six months when he presented himself at Institute. Paralysis evidently of cerebral origin. His general health had been poor for several months previous to the attack, which came on suddenly whilst engaged at his work; for several weeks after the attack there was complete loss of power on the left side, with inability to articulate distinctly. Gradual improvement followed, such as is not unfrequently seen in cerebral cases. At the end of three months, however, his condition became nearly stationary, and remained so till he came under our treatment. At that time he could walk short distances, using two canes, but his movements were jerky and uncertain. The bowels were uniformly constipated, requiring continual resort to laxatives and enemas. Marked and steady improvement kept pace with the treatment at the Institute. The bowels soon acted normally; one cane was discarded at the end of the first month's treatment, and, at the end of three months, when he left us, he habitually took many firm steps without resting upon the other cane. His voice became stronger and nearly natural, and there was in his countenance an unmistakable expression of returning confidence, instead of a weary and haggard look of timidity and despair. He returned to us again, after nine months absence, and reported his condition as having remained about stationary. He was able to remain with us scarcely two months on his last visit, but was again manifestly improved by the treatment.

Of diphtheritic paralysis but few cases have been treated at the Institute. Several of my first cases I dismissed in alarm, on account of the apparent aggravation of the symptoms which seemed to take place when treatment was first begun. It is usual for many of the symptoms attending diphtheritic paralysis to appear to be thus at first aggravated by active massage or even by passive movements. It is therefore necessary in these cases to proceed very slowly, and bring the patient under the full influence of the treatment very gradually. If this is done with due regard to the personal peculiarities likely to appear in different patients, the result will be a satisfactory evidence that the treatment promotes and hastens the recovery.

The many forms of abnormal muscular contractures so often seen by the orthopedic surgeon are almost universally amenable to the treatment we have described as applicable to paralytic cases. Indeed, it may be almost positively said, that no such cases remain wholly unimproved by this method of treatment, whilst a great many of them are absolutely cured. These contractures are exceedingly common in connection with cases of infantile palsy.

All abnormal muscular contractures are to be classed in the broad category of "Disturbances of motility," and may arise not only from the same kind of disturbances that produce paralysis, but actually very often arise from the identical disturbance that has produced the paralysis in the numerous cases in which paralysis and contractures simultaneously appear; thus they may arise from any "points of abnormal excitation," or any "points of inhibition that may occur" anywhere in the motor tract from centre to periphery. To these causes must also be added the whole category of possible reflex motor disturbances, thus making the subject one of the most complicated and interesting in the domain of neural pathology. Though much research has been expended in this direction, we are still compelled to pursue lines of treatment often almost wholly empirical.

Erb asserts that "spasms (which term includes all abnormal muscular contractions) must in all instances be induced by irritation of the motor apparatus," and that such irritation may result either from "increase of the strength of the stimulus," or from "increase of the excitability of the motor apparatus," and that "all spasm may be referred to one or the other of these causes." "So that a motor effect is produced far exceeding the amount of stimulus applied."

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This explanation is undoubtedly correct in regard to a great many cases, but it is by no means a satisfactory explanation for *all* cases. I have often been very greatly impressed with the very numerous instances in which the contractions seem to be essentially an imperfect and improper distribution of the normal motor stimulus, rather than any increase in the amount or "strength of stimulus," or "increase of excitability" in any part of the motor tract. I am not aware that this explanation has ever been pointed out or accepted by authors on the subject, but I am so familiar with this phase of it, that I am in the constant habit of basing a more favorable prognosis in all cases of paralysis accompanied by contractures, than if this feature is not present. That there may be numerous instances in which the "stimulus" or motor current (whatever it is), that travels along the motor nerves, should be, as it were, deflected to some portions of the nerve paths more than to others, a real confusion or misconduction of nerve current taking place, perhaps, from very slight pathological conditions, is exactly what might often be expected to occur, when we consider the wonderful and almost incomprehensible mixing and decussations of the nerve fibres, which the anatomy of the whole nervous system reveals. At all events, in my experience it is a well-established clinical fact, that the relief of abnormal muscular contractions by the methods practised at the Institute, results in a corresponding improvement in the paralyzed muscles, and that this improvement is more rapid, more certain, and more definite, than I can get from the same treatment, or from any treatment, in cases where the paralysis is unaccompanied with muscles, or groups of muscles exhibiting abnormal contractions.

CASE I.—Miss E. G., æt. 14. Infantile Paralysis of right leg with contractures of all the flexors of the limb; the extensors were paralyzed, flaccid, and much withered. The leg was constantly drawn back, and kept in a position nearly at right angles with the thigh. The foot had acquired the position of equino-varus. The disease was of thirteen years duration, the attack having occurred at about one year of age. She had been treated by electricity without perceptible benefit, and had been a great deal of the time wearing extension braces, which were, however, unskilfully constructed, still more unskilfully adjusted, and much of the time neglected. Badly as this part of the treatment had been managed, it, however, had been very useful, as it had prevented complete ankylosis of the knee-joint, which would otherwise probably have taken place. The treatment at the Institute consisted of a better made and well-adjusted extension brace, the vacuum boot, daily followed by use of friction, kneading, and oscillating machines, also faradic electricity. Result of eight months treatment: Contractures cured; very marked increase in size and strength of all the paralyzed extensor muscles; knee straight; equino-varus so far overcome as to permit the foot to be placed flat and properly on the ground when walking in her brace.

CASE II.—C. H., æt. 6 years, male. Infantile paralysis of left leg had existed four and a half years; pale, anæmic child; general health and development poor; leg weak, muscles generally much atrophied; foot everted; left knock-knee; contractures of the gastrocnemius and internal peronei muscles; acquired equino-varus. He had been treated by electricity and internal medicines without any benefit. The treatment at Institute was the same as in preceding case, viz.: vacuum treatment followed by friction, kneading and oscillating machines and electricity; also general tonics. In six months the abnormal muscular contractures were overcome, and coincident therewith was a return of tone and strength to the weaker muscular structures to such a degree as to enable him to walk without either brace or cane.

CASE III.—A. E., female, æt. 18. Infantile paralysis of twelve years duration. Both legs and left arm implicated; entirely unable to walk or even stand; contractures of all the flexors of both legs, with general weakness, atrophy, and paralysis of the extensors; equino-varus of both feet; knees firmly flexed at right angles to thigh, but not ankylosed, the joints being free from disease, and in remarkably good condition for a case of such prolonged contracture. The thighs were drawn forward so that the relative position of the limbs to the body was always that of the sitting posture, even when the patient was in any recumbent position. There was great psoas contraction and extreme lordosis. The muscles of the left arm were much withered, exhibiting a marked tendency to rigidity of the flexors, but no firm contractures such as characterized the flexor muscles of the lower extremities. Reckless tenotomy had been performed. "Everything had been cut." But previously to all this tenotomy, not one particle of effort had been made, *as should always be done*, to improve the condition of the contracted muscles, nor even had there been any effort made or appliance used to secure and retain such additional extension as was, perhaps to a limited extent, made possible by this indiscriminate tendon-cutting. The result was, of course, wretchedly disastrous. The tendons healed, but the muscles were still farther shortened. Tendon-cutting will not overcome muscular contractures, and very transient and imperfect will its results generally be even towards modifying the effects of contractures, unless the condition of the muscle itself be first improved. This was the plan resolutely pursued in treating this case at the Institute. Thus we employed mild faradic currents, the vacuum boot, Fig. 6; prolonged passive movements, Fig. 7; massage, Fig. 2; stretching table (to be hereafter described); the whole coincident with the constant wearing of appropriately constructed and carefully managed extension braces. After some months perseverance with this treatment one tendo-Achillis was cut, and also the tendon of the outer hamstring of one leg. No other tenotomy was necessary. Result: The muscular contractures of the arm and legs were practically overcome; the talipes cured so far that the feet could be placed flat on the floor; the psoas contraction was greatly relieved, and the lordosis diminished to less than one-third of the original deformity in this respect; now, at the end of sixteen months, she can stand erect (in her braces) for an hour at a time. She can also locomote short distances pretty well with the aid of crutches or canes.

[To be continued.]

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THE

# MEDICAL BULLETIN:

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## A CLINICAL LECTURE.

### *DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.*

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

LECTURE III.

[Concluded from last number.]

WE will now study these fasciculi more in detail. The direct pyramidal fasciculi, or column of Türk, extend down the cord on the average as far as the middle of the dorsal region. Their point of disappearance is variable. In some cases, the fasciculi are found as low as the lumbar region of the cord, and in others they stop at the lower cervical. The crossed pyramidal fasciculi or tracts extend all the way down the cord as far as the origin of the second or third pair of sacral nerves. Where the direct and crossed pyramidal fasciculi seem to take their origin we shall see when we come to study their mode of degeneration. Charcot argues, and with good reason, that since the fibres of the direct and crossed pyramidal tracts gradually disappear from above downward, that they must terminate in the gray anterior substance of the cord, especially the anterior cornua, "where they enter probably into connection with the great motor cells." Flechsig and Parrot have studied with great care, the embryonic development of the pyramidal fasciculi, and the causes and direction of their degeneration. At present it is sufficient to state that destruction of certain fibres of one internal capsule is followed by degeneration of the direct pyramidal fasciculus on the same, and the crossed pyramidal tract of the opposite side. Degeneration, of cerebral origin, of the direct pyramidal tract on one side is always followed, so far as at present known, by degeneration of the crossed pyramidal fasciculus on the opposite side. According to the observations of Flechsig and Parrot, neither the crossed nor direct pyramidal fasciculi are developed in the cord at birth, but in the pons and peduncles of the brain they have reached a higher state of development. There is not much doubt but that these fasciculi have their point of departure in the cortical motor regions of the brain. Flechsig was led by his observations to believe that the developmental process starts in the cortex of the brain and extends downward through the ganglia, peduncles, pons, medulla, and cord, where, in the latter region, the fasciculi are imperfectly developed at birth. Parrot found the fibres of the pyramidal fasciculi at birth further advanced in the process of development in the region of the striate bodies than were the same fibres near the cortex of the brain.

The fibres which finally constitute the pyramidal fasciculi, in the internal capsule, occupy the anterior two-thirds of its posterior segment, in the peduncular region they are found in the median section of the inferior layer, which is called the crusta, and in the medulla they form a part of the pyramids from which the tracts take their name. The fibres of the pyramidal fasciculi do not decussate until they reach the medulla, where the crossing varies in different

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subjects. There are, according to Flechsig, three types (Charcot).

*First type.* This is the most common. From ninety-one to ninety-seven per cent. of the fibres of each pyramid coming from the brain cross over to the opposite side of the cord and pass down in the posterior portion of the antero-lateral column, forming the crossed pyramidal fasciculi. The remaining three to nine per cent. of the fibres of the pyramidal fasciculi do not decussate, but extend downwards on their respective sides of the cord, forming the direct pyramidal fasciculi. In exceptional cases, about ninety per cent. of the fibres fail to cross, whilst only ten per cent. decussate. In such a case, were hemiplegia to follow brain lesion, the paralysis would be on the side of the brain injury, and not on the opposite side of the body as is usually the case.

*Second type.* This has been found eleven times in one hundred cases. It consists in the total decussation of the fibres of the pyramidal fasciculi. There are, of course, in these cases no direct fibres, and consequently no anterior columns of the cord.

*Third type.* This is more frequent than the second, and is said to occur in forty per cent. of cases. Charcot thinks it merits the designation of the asymmetric type. In these cases there are only three fasciculi. The fibres of one pyramid split up and form a direct and a crossed fasciculus, whilst those of the other pyramid cross *in toto* (Charcot).

The fibres of the direct cerebellar fasciculi may be traced from the cerebellum into the dorsal region, below which they do not extend. The posterior internal column (column of Goll) beginning at the lower portion of the cord extend up as far as the floor of the fourth ventricle, beyond which they have not been found. The fibres of the posterior external column (column of Burdach) are short. They ascend, descend, cross to the opposite side of the cord, and probably end in the posterior gray matter.

Destructive lesions of certain portions of the brain are followed by secondary degeneration of the direct and crossed pyramidal fasciculi of the cord, but none of the other fasciculi degenerate from brain disease. In other words, the pyramidal tracts are the only fibres of the cord that degenerate from above downward. Lesions of the brain, no matter how extensive, that do not involve the cortical motor area, nor destroy the pyramidal fasciculi in their course through the internal capsule, peduncles, pons, or medulla, are never followed by secondary degeneration of any of the fasciculi in brain or cord. On the other hand, lesions of the brain, however diminutive, that directly or indirectly destroy any of the cortical motor regions of the brain, or fibres of the pyramidal fasciculi in their course from the cortex cerebri to the medulla, are followed by secondary degeneration of the fibres in the crossed and direct pyramidal tracts. If such cerebral lesion is unilateral, the degenerative process will affect the direct pyramidal fasciculus of the same and the crossed pyramidal tract of the opposite side; if bilateral, the direct and crossed pyramidal fasciculi of each side undergo degeneration.

We see, then, that the presence of secondary descending degeneration of the pyramidal fasciculi of the cord, following brain disease, locates the primary causal lesion, in part or in whole, in a comparatively small cortical area of one or both cerebral hemispheres, or in small bundles of nerve fibres in the internal capsule, peduncle, or pons. We shall see, also, as we proceed, that descending degeneration in the cord (for it gives rise to distinct and unmistakable symptoms), occurring during convalescence from an attack of apoplexy, is of the greatest importance, enabling the physician to give an accurate prognosis with absolute certainty. It must be remembered that the direct pyramidal fasciculi disappear in the dorsal region of the cord, hence descending degeneration, caused by brain or cord lesions, take place in the lumbar and lower dorsal regions only in the crossed pyramidal tracts.

Secondary degeneration of the fasciculi of the cord may result from focal lesions of the cord itself. In such cases the degeneration may take place in an ascending or descending manner, or, what most commonly results, the degenerative process ascends and descends. In transverse lesions of the cord, destroying all the fibres of one lateral half, the direct and crossed pyramidal fasciculi on the same side, below the seat of lesion, will undergo descending degeneration, whilst the functions of the direct cerebellar fibres, the posterior internal column (column of Goll), and the posterior external column (column of Burdach), above the seat of lesion, will be destroyed by ascending degeneration. The fibres of the direct cere-

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bellar tracts and posterior internal column are affected as far as the medulla, but those of the posterior external column degenerate only for a very short distance above the focal lesion. Practically it is exceptional to have a lesion in the cord affecting all the fibres of one lateral half, whilst those of the other are healthy. We shall study, therefore, partial lesions of the cord in connection with the so-called systematic lesions. We have passed in review secondary degeneration of the fasciculi of the cord of cerebral and spinal origin. It now remains for us to consider those of the peripheral origin. In this group of secondary spinal degenerations, Charcot says there are only three or four examples (Diseases of the Spinal Cord). "The lesion is seated without the spinal cord, on the roots of the cauda equina, above the ganglion; it consists of a sarcomatous or myxomatous tumor, which invests and compresses the nervous fasciculi." (*Ibid.*) It seems to be, as this author observes, that the lesion is in the posterior and not in the anterior roots. He describes the resulting degeneration as follows:

"1st. It occupies exclusively the posterior fasciculi. 2d. In the lumbar region the posterior fasciculi is invaded totally in its transverse extent. 3d. But above this region the fasciculus of Goll is alone affected, and it is totally in its whole length, that is to say, as far as the floor of the fourth ventricle."

Secondary degeneration of the pyramidal fasciculi, direct cerebellar fibres, and posterior external and internal columns, is all that is commonly met with, but, in addition to degeneration occurring in these fasciculi, Gowers states that he found in a spinal cord of which the lower extremity was crushed, symmetrical areas of slight ascending degeneration in the anterior part of the lateral columns in front of the pyramidal tracts. This secondary degenerative lesion, observed by Gowers, was apparently situated in that portion of the cord which Flechsig has designated the lateral boundary layer of the gray substance.

I may mention here, in passing, that Charcot has observed destruction of fibres of the anterior segment of one internal capsule, followed by descending degeneration of the fibres occupying the internal section of the crusta in the peduncle on the same side, but that he was unable to find any evidence of the degenerated fibres in the pyramids or cord. He thinks that the fibres from the anterior segment of the internal capsule come to an end somewhere in the protuberance (pons).

We have seen that only those portions of the pyramidal fasciculi which are separated from the cortical motor centres in the brain will degenerate, and that the degenerative process takes place in these fasciculi always from above downward; hence, it is fair to conclude that their trophic centre is in this portion of the brain, but in what this invigorating centre consists, or whether there are separate and distinct nerve cells for this purpose, we are yet in entire ignorance. On the other hand, when the fibres of the posterior internal and external columns, and of the direct cerebellar tracts, are severed in the cord, only those portions of the fasciculi situated above the lesion degenerate, and these always from below upward. Neither the brain nor upper portion of the cord seem to have any trophic influence over those fibres that degenerate in an ascending direction. When, however, the ganglia on the posterior spinal nerve roots are disconnected from the cord by cutting these nerves between their ganglia and the point where they join the cord, ascending degeneration takes place in the posterior internal and external columns, and probably, also, in the direct cerebellar tracts. We must conclude, then, that the ganglia on the posterior roots of the spinal nerves are the trophic centres for all those fibres of the fasciculi of the cord that degenerate in an ascending direction.

# ORIGINAL COMMUNICATIONS.

## *HOSPITAL FRANCAIS A LONDRES.*

### ON A CASE OF LIMITED PARALYSIS AND ANÆSTHESIA.

### UNDER DR. VINTRAS.

Reported by ALFRED S. GUBB, M.R.C.S., L.R.C.P., (Lond.), Resident Medical Officer.

THE patient, a married woman, æt. 25, was admitted to the wards on December 8th. She complained of frontal headache, which was constant, but worse at night, with occasional dimness of sight and diplopia. Her legs were stated to have been swollen for three weeks, but after a few hours in bed this was not appreciable. There were no varicose veins. Her father died at 40, of some "head" affection, and she had lost three younger brothers from cramps.

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She has been married four years. Prior to marriage she was perfectly strong and well, never had any illness, and never had rheumatic pains in joints. After an instrumental labor with first child her health suffered, and she was subject to hemorrhages during the subsequent three months. One day, during the fourth month after her confinement, she suddenly felt a choking sensation and lost consciousness for about three-quarters of an hour, on awakening from which she was unable to move any of her limbs. She says her mouth was drawn to the right side, but she was able to articulate perfectly. At this time, too, a strabismus from paralysis of the left external rectus became evident, with amaurosis of left eye. There was incontinence of urine and feces for twelve months, during which time both were passed involuntarily in bed. She was sent to a hospital in Paris, where she remained for eighteen months. The treatment, according to her statement, consisted mainly of the bromides and faradic electricity. She gradually improved under treatment, and left well at the end of that period. Menses ceased during stay in hospital, but reappeared on leaving, and have continued regular, though scanty, ever since. No history of syphilis.

She appeared to be fairly well nourished, but was rather pale. She had convergent strabismus of left eye. Her pupils were unequal, the left being larger and responding but slowly and imperfectly to light. She had a nodular swelling on the left tibia, which was painful at night. The skin over it was not implicated at first, but subsequently became adherent and sloughed, leaving a circular, sharply circumscribed ulcer.

Her lungs were normal, tongue clean, bowels regular, and voice normal. There was some muffling of the first sound of the heart at the apex, but cardiac dulness was not increased. Her urine was normal in quantity and clear; no albumen or sugar. Temperature normal.

On the 15th of December she noticed a tingling and numbness in left arm and shoulder, which in the course of a few hours became paralyzed, together with loss of general and special sensation. The anæsthesia extended from the fingers upwards to the root of the neck and across exactly to median line, and downwards to some three or four inches below nipple line. This was followed by a good deal of drowsiness or apathy, but consciousness was not lost or even obviously impaired. Her appetite remained good. She was ordered ten-grain doses of iodide of potassium with bromide and infusion of valerian three times a day. The dose of the iodide was subsequently increased to twenty grains, but on the 30th of December no improvement had taken place in the limb, which was quite flaccid and powerless, and still completely devoid of sensibility of any kind. Electricity was then had recourse to, the current employed being derived from a forty-cell constant current battery, possessing a simple arrangement allowing of easy dosage and of either reversing or interrupting the current as desired. There had been no wasting of the muscles, and they contracted perfectly to the constant current slowly interrupted. She felt a hot, prickling sensation at points of contact with electrodes, and when the interruptions were rapid complained of a feeling of fatigue in the muscles. The contractions were at first feeble, but at subsequent séances became more energetic with less cells. In the course of a month the power of the arm gradually returned, some weakness of the deltoid alone remaining. The anæsthesia also gradually disappeared. The ulcer on right tibia, which was dressed with black wash, continued in *statu quo* notwithstanding twenty-grain doses of iodide of potassium for another month, and then gradually healed.

The patient's general health improved, and when she left the hospital no trace was left of either the paralysis or anæsthesia. The strabismus persisted, but vision was not interfered with. I have since heard from her, where she is staying in France, and she has had no recurrence of any of the symptoms.

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## *COCAINE IN HAY FEVER.*

BY JOHN WATSON, M.D.

HAVING for the past three or four years been a great sufferer from this most troublesome and irritating affection, and having, moreover, tried nearly all the remedies usually administered for the complaint without any appreciable benefit, I have this year resorted to the local application of cocaine, and as the result of this treatment has been so successful in every respect, I hope that a short account of the principal symptoms occurring in the course of the malady, together with a few notes on the

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above course of treatment, will not be unacceptable to your readers.

The attack in my case usually commences about the last week in May, and continues without intermission until the end of July, but these dates are liable to vary, and it may sometimes begin much later or end sooner, the haymaking time being the period at which the symptoms are most intense; but, as a rule, if there be a "second crop" of hay any year, the symptoms do not appear with it, but are only manifested with the first crop.

The symptoms may be divided into local and general.

*Local* may be subdivided into sneezing, nasal, ocular, palatine.

*Sneezing.*—This is by far the most distressing symptom, and is liable to come on at any moment (night or day) being especially aggravated by (1) the pollen of hay, either growing or stacked, but especially bad if standing near a hay cart in process of being loaded. (2) Minute particles of any kind floating in the air. (3) A freshly starched handkerchief unless well shaken out before use, will frequently originate a very violent attack of sneezing. (4) Great heat, and exposure to sunlight is also a favorable exciting agent.

The attacks are diminished and modified by (1) shade, (2) cold air, (3) rain and damp, (4) water. The two last-mentioned causes are indeed in themselves sufficient to often entirely stop the course of the entire affection, and during wet weather or whilst a damp and clouded state of the atmosphere is prevalent, the patient enjoys comparative comfort, but directly the sun and heat reappear, the entire course of symptoms reappear also, and the patient is as bad again as ever.

The fits of sneezing are very distressing, indeed, and produce great dyspnœa, so that the patient often sits or lies down and gasps for breath, and if the attack be of sufficient duration, a momentary loss of sight is sometimes experienced, so that the sufferer staggers about when attempting to walk; the eyes become suffused with tears, which pour down the cheeks, and a great quantity of mucus secretion is discharged from the nose. The face (especially)—also the head and entire body—become bathed in perspiration, and the patient is often obliged to seize hold of some firm support such as a table or mantelpiece to hold on by and steady himself during the paroxysm, or sometimes he walks up and down the room during the attack.

*Nasal Symptoms.*—These consist principally in intense itching and irritation of the mucous membrane of the nose—more particularly of the nostrils—and may be described as of a "tickling" character, although sometimes, indeed, distinct soreness and tenderness are experienced instead of tickling. The margins of the nostrils are also the seat of this sensation, likewise the septum of the nose, so that the patient feels inclined to rub the organ very violently in the roughest form of handkerchief which he can procure, although painful experience has demonstrated the unpleasant fact that this operation is followed by an increase of intensity of this symptom; over and above this there is a constant secretion of thin, acrid mucus in the nostrils, which can be felt dribbling down on their inner surface, and on the septum and roof of the nose, so that it is incessantly violently blown, which so irritates it that it becomes very sore and tender to the touch, at the extremity and around the margins of the nostrils.

*Ocular Symptoms.*—The eyelids and eyes are also somewhat involved in this affection. A "tickling sensation" is experienced around the margins of the eyelids, so that the patient often closes the eyes forcibly and presses the lids together very tightly in the hopes of obtaining relief. The eyelashes are, moreover, very liable to get into the eye, and produce much discomfort and irritation, besides redness and smarting, and when in blinking the eyes the two rows of eyelashes come into contact, they conduce to the increase of the tickling. The eyes are suffused with tears during the paroxysms of sneezing, and are somewhat "watery" between the attacks as a rule.

*Palatine Symptoms.*—They are very troublesome, inasmuch as through constant sneezing the hard palate becomes more or less dry and irritable, and "tickles" very much, so that the tongue is generally contracted to a firm point at the tip, and drawn back to the posterior part of the oral cavity, and is then rubbed violently backwards and forwards against the irritating spot, so as to act the part of a rasp and so relieve the irritation, but this is not usually very effectual.

*General Symptoms.*—Under this head may be mentioned those sensations experienced during and between the paroxysms of sneezing

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which cannot be classified under either of the preceding heads.

There is a feeling of lassitude, inability for exertion (especially mental); intense frontal headache is often felt, so that the patient, if engaged in much brain work, often has to relinquish study until the affection has entirely subsided, or short of this, to do as little work as possible. Between the attacks, and in the course of a paroxysm of sneezing, frequent rushes of blood to the head are not uncommon, which produce dizziness, buzzing in the ears, and much discomfort. Cold, shivering attacks are very frequent (especially marked in the legs) and cutis anserina is often seen in the thighs, during which the patient may even be sweating profusely as the result of sneezing.

*Treatment.*—In my own case I have tried smoking tobacco (which rather intensified the sneezing than otherwise), so I relinquished it as a curative measure. Liquor arsenicalis, bismuth, and various other remedies advised, but none of them had much effect in my case. With cocaine, however, I am pleased to say the result has been more than successful. I cannot be sufficiently thankful that I was induced to try this remarkable remedy, the effects of which have been to make a complete cure. The experiments were tried upon myself, so that I can answer for them.

*Mode of Application, etc.*—One tablet containing one-sixth of a grain of the hydro-chlorate is slightly moistened in the mouth, and is then inserted into each nostril; they adhere without the slightest difficulty and cause no pain or irritation of any kind, but the relief is immediate and complete. During the last fortnight I have used twenty-four tablets, and have been practically free from my old complaint, although during that time I have been much out of doors, and even in fact in some hay-fields and near newly-mown hay, and under circumstances which, without my remedy, I otherwise could not have been.

WESTMINSTER HOSPITAL, LONDON.

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## *CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

(Conclusion.)

BUT the clinical description of "lichen ruber" is rendered by Robinson exactly after Hebra, and necessarily a wrong conception must ensue. He says "lichen ruber" (Hebra) is met with in two forms, a conical, scaly, etc., and a smooth, waxy, etc., and he does not recognize at all that Hebra has already meant by the second the lichen planus, which is treated totally separate by Robinson. Just as wrong is it to attribute to Hebra's "lichen" (though verbatim after Hebra) the tendency to group-formation, a fact by Hebra intended to apply only to lichen planus. In his later histological investigation, Robinson has indeed before him a true acuminatus papule, and he arrives at the result of Auspitz, that "lichen ruber" is no inflammatory dermatosis, but a parakeratosis. Regarding therapeutics he is of the opinion—to be sure without personal experience—that with the exception of arsenic there is no other remedy. On the other hand, Robinson describes the lichen planus exactly according to Wilson, forgetting, however, that he has already described the same, only abbreviated, under "lichen ruber." Histologically, planus, in contra-distinction to acuminatus, is defined as a true circumscribed inflammation of the papillary body and of the upper corium, from which secondarily the epidermis becomes affected. Therapeutically it is of interest, that Robinson does not think anything of arsenic in planus, and that he denies to all local means any healing influence. Both are surely incorrect. Finally, Robinson puts once more specially opposite to each other the clinical and anatomical differences, and finds them to vary greatly, which cannot be ascribed to different degrees of intensity, a view to which we certainly can only assent. But, if in consequence of the fact, that amongst the numerous cases of planus in New York not a single one has ever developed into one of acuminatus, he draws the conclusion that both diseases have also genetically no connection with each other, we have to oppose him with the German experience, that, on the contrary, cases of acuminatus are not rarely united with those of planus, and even with those of obtusus. But

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within the limits of the Vienna school the "lichen" question has, meanwhile, undergone a decided change. Kaposi, as might have been expected, even now, yet adheres in his lectures to Hebra's description, only they have become more precise and accurate in consequence of his making use of more recent and of older experience. "Lichen ruber" is also to him the general term under which he subordinates acuminatus and planus in an equal manner. Why in the latter Wilson's name is even yet wanting cannot be surmised. Acuminatus is described especially clearly and short; Kaposi ascribes to it only the conical, scaly form. What we separate as obtusus and planus we have to look for in Kaposi under planus alone, and that satisfies us but little. The larger obtusus forms are as little mentioned as the planus forms, which, at the start, make their appearance as red spots. The recurring picture of the gem set in pearls, nice as it may be, does not satisfy the desire to see the various types of the flat, smooth "lichen" forms clearly analyzed. Different is it with Neumann. He had described already (1873), in his first edition, a chronic form of herpes, which was said to appear as papules. Hebra, Sr., in the second edition of his text-book, remarked that the so-called Neumann's herpes was no real herpes, but that it made the impression upon him of a "lichen ruber" of the group-like circinary form, *i.e.*, in less bashful words, of a lichen planus (p. 311). In his later edition, Neumann, therefore, changed the name of his new disease to the title with really less meaning: "dermatitis circumscripta herpetiformis." By it he understands isolated, pale-red, strongly pitted efflorescences, of the size of hempseed, and bluish-white in the centre, which grow toward the periphery, and on their surface, after some time, the centre sinks in under pigment formation, while, especially at the periphery, pale, whitish-colored points appear, which resemble the eczema vesicles below the horny layer of the palm of the hand. The places augment in size up to above that of a silver dollar, form with neighboring ones gyri, and here and there become covered with more solid scales and horny plates. The recent eruptions itch intensely. The pale-white points correspond histologically to the sweat-pores. The general health is not disturbed. Of this affection Neumann has observed seventeen cases. There is no doubt of Neumann having thus described the real lichen planus, as Hebra correctly surmised. The white points alone on the surface favor this view. To be sure, the genesis corresponds only to *one* definite kind of planus-development. Neumann seems also to have recognized the identity of his disease with lichen planus, for in his fifth edition (1880) he figurates, besides the dermatitis circumscripta herpetiformis as main type, lichen planus. That much is plain, that they did not know for a long time how to unite the form first described, in fact if not in general, by Neumann in Vienna, with lichen planus. To this dilemma of the Vienna school, created by the gradually needed classification of planus, the pupils of Hebra stand on opposite sides by endeavoring to bring under two heads the disease which naturally diverges in three directions. Neumann looks upon his new herpes-like form as the real lichen planus, and he describes, therefore, under "lichen ruber," in a rather obscure manner, efflorescences which might "be acuminatus as well as obtusus," because they are called in one sentence "conically pointed and scaly," and in the following sentence "rounded and smooth" (p. 306). Kaposi, adhering to Hebra, understands with acuminatus only it, and throws, therefore, under planus, in a by no means clear manner, everything together, which to-day would be impossible to consider clinically as one and the same thing. I especially know that a case perfectly corresponding to Neumann's conception of lichen planus, and plainly showing the white points, was declared by Kaposi himself to be lichen planus. Kaposi, however, in his description, makes no mention of these points, and his description itself would really not have suited the whole case. It would, therefore, be well for the younger Vienna school to acknowledge at last Neumann's planus as such, but to enlarge decidedly, and to determine more definitely the picture of the disease, and to incorporate most, that had thus far been ascribed to lichen planus, into lichen obtusus.

In France they adhered closely in the "lichen" question to England; this had its good reason in the fact that lichen acuminatus has thus far been scarcely observed in France, while Tilbury Fox had already seen at least three cases in 1873. The younger excellent French dermatologists, totally free from prejudice, also do not know exactly what to do with Hebra's lichen acuminatus. But on

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the other hand, lichen planus has by them been justly appreciated. Vidal, Fournier, Leloir, Lemonnier, and Chambard have carefully investigated, partly the typical form and the histology, partly the deviations, *e.g.*, the lichen corné (Vidal), lichen hypertrophic (Chambard). Héguy (1880) and Lavergne (1883), in their theses, have published a valuable contribution, mainly derived from the rich material of the Hospital St. Louis. The genesis of the planus spots is described uniformly, but too schematically, in such a way that they are said always to form by the confluence of very minute, smooth, many-cornered, finely-pitted, scaleless red papules. This one-sidedness of the description is partly due to the fact, that the French observers have never seen a planus spot develop from an acuminatus group. On the other hand, pure cases of lichen obtusus seem neither to have been observed there, only such as evince large, smooth, plainly-pitted papules of the size of whole pepper, and, on the contrary, no planus efflorescences at all,—*i. e.*, those efflorescences which have been always described by French investigators as lichen plaques (not as elementary lichen papules). Concerning the size of the elementary, smooth lichen papule, as it is considered in France as the element alone constituting the lichen planus, there, too, exist various opinions. Wilson originally mentioned 1–3 lines,—*i.e.* 2–6 mm. in diameter (size of a mustard seed to that of a split pea). Héguy finds it only as large as a barley seed or a pin's head, and often smaller yet. Lavergne describes it as having the size of a pin's head up to that of a hemp-seed, and also sees it often very diminutive. There seem, therefore, also, in France, compared to England, the smaller forms, which are so likely to develop into planus spots, to preponderate. But that larger, isolated papules also happen there, which as exceptions do not attract much attention, appears clear to me from reading the above-mentioned contribution. So for instance there are mentioned by Lavergne (Observation ii. p. 29) on the back and on the left forearm a few large papules "semblables à degros boutons d'acné,"—also evidently obtusus papules. The following is, therefore, the difference between the French conception and my own concerning lichen planus. I have seen the large, isolated, remaining, smooth, round papules comparatively so often and in a pure form, that I have to put it down as a special variety, with equal right as lichen acuminatus, and as I see the real Neumann's totally flat "lichen" develop not only from small papules, resembling my lichen obtusus in miniature, as the French describe it, but also autochthonously (d'emblée) in the place of acuminatus papules. I consider also, secondly, the planus efflorescence a thing *sui generis*, which has only that relation to the lichen obtusus of my description, that it occasionally develops from it. Certainly I define, after separating lichen obtusus, my lichen planus, differently from the way E. Wilson did, but I do not understand something totally different by it, because beneath the description of this clinician my lichen planus lies hidden. And if I thus find myself forced to abandon the old name, I may in full confidence excuse myself with the fact that it had at last become necessary to remove the confusion concerning lichen planus by a sharp separation of the various clinical pictures contained in the same. That I was not able to continue the obtusus, which corresponds mainly to Wilson's lichen planus, under the name of planus, is due to the fact that the other Neumann's flat lichen *is still much flatter*, is still more planus, and that in the creation of new names one has to lay special stress upon an agreement of facts and terms, that the new terms correspond better to the facts than the former ones.

But how is it in France with lichen acuminatus? When, some time ago, I had the special pleasure, on a voyage to Bergen, to associate with Dr. Barthélémy (Paris), this theme often formed the pivotal point of our conversation, and this friend drew my attention to the pityriasis pilaris of Devergie, behind which our German lichen acuminatus may possibly be concealed. Richaud (étude sur le pityriasis pilaris, Paris, 1874) has recently published a very interesting thesis on this affection. This author himself tries (p. 69) the differential diagnosis between his affection and Hebra's "lichen ruber," with which he is personally totally unacquainted, and he naturally finds insurmountable differences between both, especially the want of that peculiar horny cone, by which in pityriasis pilaris the exit passages of the hair-bulbs are distinguished. On the other hand, he lays stress upon the absence of thickening of the skin in Devergie's disease. Besides, the latter is easily curable, and heals almost spontaneously. These differences suffice to define

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the main distinctions of both affections, though the diffuse redness of the skin, the itching, a keratosis of the palmar surface of the hand and of the sole of the foot and onychogryphosis of the nails are common to both. Certain it is that Devergie's pityriasis pilaris presents a special, in Germany as yet unknown, disease, and no lichen acuminatus. Different it is, whether amongst the histories of cases made use of by Richaud, one or the other might not be reclaimed by us as lichen acuminatus, and it appears to me very probable in observation vii. (from Besnier Readu), that this was a case of lichen acuminatus, a French case, therefore.

I finally come to the latest description of "lichen ruber" in Ziemssen's Cyclopædia, from the pen of Weyl. Whoever wishes a true conception of the geographical fluctuations affecting these "lichen" diseases, should take the pains to compare, even superficially, Weyl's description with my own. Weyl evidently knows personally as much as nothing of lichen acuminatus. He expressly admits this in the following remarks: "I can but admit, in comparing Hebra's with Wilson's description, that Wilson's description corresponds more to the cases of 'lichen' seen by me, than those now so rare cases, that have served Hebra for his description." It would follow from the title of his chapter "lichen planus," and from his description, which contains a great knowledge of details with reference to lichen planus, but it is to be regretted that he adds Hebra's gloomy results of lichen acuminatus, as they have nothing to do with it, for we do not find the least trace of their beginning and of a corresponding clinical description of acuminatus. In my field of observation, therefore, moderately much planus, and, at least occasionally, decidedly much more acuminatus; in Weyl's, exceedingly much planus, and no acuminatus at all. But it may be possible that Weyl collected his great knowledge of planus in England, and he may probably have an opportunity in Berlin to become as well acquainted with acuminatus. By all means it would have been advisable not to treat so very stepmotherly in a German mainwork as Ziemssen's the picture taken of lichen acuminatus in Germany. Duhring, without personal knowledge of acuminatus, brings a suitable and separate description of it; in Weyl, acuminatus is simply absorbed by planus. Only because it appears in a prominent place, I wish to correct a small error at this opportunity. Weyl mentions that I had seen of my carbolic-sublimate cure in many cases of "lichen" good and exceedingly rapid successes, and places behind it an interrogative. Weyl doubts whether I have correctly diagnosticated "lichen" or correctly cured it; this much is certain, that I would like, myself, to put an interrogative after his quotation, for I have expressly indicated at that time my cure for *lichen acuminatus*, and I find myself, therefore, in Weyl's chapter, with totally unsuitable surroundings. Only during the last few years have I rapidly cured with it a universal case of lichen obtusus, and a universal planus I have not yet commenced to treat with a thorough inunction cure. Weyl has, besides, yet a chapter on "lichen acnéique, or lichen circinatus," with which I had not yet any personal experience, neither with Vidal's "lichen corné," nor with Chambard's "lichen hypertrophique."

Besides, I do not stand alone with my view of the treatment of lichen acuminatus, as it may appear from Weyl's remarks. Bockhart has expressed himself even enthusiastically about my treatment. He calls it "an important therapeutical triumph," and believes that it will totally supersede the Asiatic pills. Behrend says:—

"Referent has employed, since Unna's publication, the salve a number of times, and can confirm its extraordinary effect in every respect. In one case of a clinical patient, suffering from 'lichen ruber,' though of recent origin, complete involution was achieved within eight days. In the remaining cases, that also received treatment at the clinic, inunctions with the salve mentioned formed an essential adjunct to the arsenic treatment, so that with uninterrupted employment of the salve, the duration of treatment never exceeded the period of four weeks, even in chronic cases of long duration."

To be sure this treatment must not only be tried but be earnestly and thoroughly carried out, if one wishes to note success, and especially is it necessary to be clear at the very start with which variety of "lichen" one has to deal.

From this historical review, it becomes sufficiently apparent that we are still a great distance away from a complete knowledge of the "lichen" group, and that a thorough ob-

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jective description is possible only by the united action of the dermatologists of all countries. History teaches as always, so also here, modesty. It is, therefore, far from me to believe, that the classification of "lichen ruber" into the three varieties of acuminatus, obtusus, and planus may not be much improved in future. On the contrary, probably each observer who has the same good luck as I have to see and to compare in a short time a considerable number of cases of "lichen," will incorporate some new traits into the picture of the whole. By profiting, free from prejudice, from the experiences of foreign dermatologists, it will probably be determined, that besides some certain peculiar local types, there are always some single forms that are met with everywhere, and that on account of their frequency are looked upon somewhere else as the main type of "lichen ruber," and by carefully observing them, we will probably also in this question attain the desirable end, that the dermatologists will speak with one tongue. It is that what I hope and expect from this work, that the English, French, and American authors in future do not judge the acuminatus according to the old description of Hebra, and, therefore, often mistake it, but, that basing their judgment upon the data and pictures of the disease here given, they will occasionally also meet with this type in their own countries, and that they may have an opportunity to convince themselves of the genetic connection of acuminatus and planus. It will then be a gratifying study to me to observe how the same authors look upon the picture of obtusus delineated by me, and whether, basing my views upon a comparatively small number of cases, I have hit the right point in my separation of obtusus and planus; whether the limitation of planus to the plate-like variety with white points and its not uniform manner of development from various beginnings finds adherents; and, finally, whether the bullous metamorphosis of the true lichen planus is also observed somewhere else.

On the other hand, it will be my intention, should the forms above-mentioned, and thus far still unknown to me (lichen corné, hypertrophique, acnéique), come under my observation, carefully to study their relation to the three main types that I have described.

I have already exhausted the patience of the reader too much to subject the histology of "lichen ruber" to a critical review, and to investigate how by the aid of the various clinical pictures the different anatomical descriptions of Neumann, Biesiadecki, Crocker, Balzer, Vidal, Leloir, Chambard, and Robinson may be united. The reader who may interest himself in it, will find the subject treated at the proper time in the Monatsschrifte für praktische Dermatologie.

ERRATA.

Part I., February, 1885, Vol. VII., No. 2, page 36, second column, thirty-ninth line reads, "equal parts of liquor plumbi subacetatis and glycerine." Should read, "equal parts of liquor plumbi subacetatis and liquor aluminii acetatis, with a few drops of glycerine"

Page 37, first column, seventh line reads, "the alumina preparations." Should read, "the acetic preparations."

Page 37, second column, second line reads, "there was fever, which no doubt followed the chill, and is of such frequent occurrence in 'lichen.'" Should read, "there is said to have been fever, which probably was nothing but those attacks of chills so frequent in 'lichen.'"

Page 38, first column, thirty-eighth line reads, "Prof. H. Hebra." Should read, "Dr. H. v. Hebra."

Part II., March, 1885, Vol. VII., No. 3, page 73, first column, fifth line reads, "acid sulph. dil." Should read, "acid nitr. dil."

Part III., April, 1885, Vol. VII., No. 4, page 110, second column, eleventh line reads, "Chrysophanic acid proved." Should read, "Chrysophanic acid (extr. chrysoph. e. rheo. 5, vaseline 50, not to be confounded with chrysarobin) and naphthol proved."

Page 110, second column, seventeenth line reads, "two *per cent.* solution of corrosive sublimate." Should read, "two PERMILL solution of corros. sublimate."

Part VI., July, 1885, Vol. VII., No. 7, page 205; second column, seventh line reads, "Heyuy's.' Should read, "Heguy's."

Page 205, second column, forty-fourth line reads, "obtussus." Should read, "obtusus."

Page 206, first column, ninth line reads, "system, therefore, cannot be considered." Should read, "System, however, cannot be considered."

Page 206, first column, thirteenth line reads, "these point." Should read, "these points."

Page 206, second column, thirty-ninth line reads, "(Hebra, sen.)" Should read "(Hebra sen.)"

Page 206, second column, forty-eighth line reads, "Hebra's." Should read, "Köbner's."

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## SOAPS, ESPECIALLY MEDICATED, IN DISEASES OF THE SKIN.

BY JOHN V. SHOEMAKER, A.M., M.D.,

[Abstract of a Paper read before the Pennsylvania State Medical Society. Session of 1885.]

THE skin which forms the outer envelope of the human frame protects the internal structures, eliminates certain effete products, and assists in the nutrition of the system. The millions of ducts, or pores, and the myriads of capillaries of this organ, require to be kept functionally active, to preserve health and prevent disease.

Functional activity of the skin calls for the constant removal of the used-up products that have been cast out by the system, as well as the oily fluid and all the extraneous matter that adheres to it. Water, the chief means of removal of these products, must be assisted by some chemical substance that will have the power of exerting an influence over the oily matter present. Many substances can be used for this purpose, but soap, employed either as the potash or soft, or the soda or hard soap, combines better with soft water to render these unctuous materials miscible, and readily removes them from the skin.

While soaps fulfil such an important part in assisting to maintain the skin and the body in a healthy condition, they are also valuable aids in the treatment of diseases of the former organ. The potash, or soft soap, has hitherto been most extensively employed as a remedial agent, but there are many conditions in which its use would be very injurious, yet in which the soda soaps can be employed with distinct advantage.

Potash soap, sapo mollis, or sapo viridis, contains a certain excess of alkali. It is made with either an animal fat or a vegetable oil; olive oil being often employed. If well and properly made, it should be about the consistency of jelly, and should not flow out if the vessel containing it is everted. It should be of a brownish, greenish, or olive-green color, soft and perfectly homogeneous, with a strong, caustic odor and an acrid, alkaline taste. It should contain no particles of sand, and should readily dissolve in alcohol with little or no residue. The best potash soap is imported from Europe, and obtained from Duvernois, of Stutgart, or from Bassermann and Herschel, of Manheim. Potash soap, on application to the skin, softens and macerates the epidermis, or even destroys it—the effect on the cutaneous surface varying according to the manner and length of time of the application. The variable and uncertain effect that occasionally follows its use, is due to the soap being neither properly nor well prepared. Potash soap may be used alone or dissolved in alcohol, as recommended by Hebra, in the proportion of two parts of soap with one of alcohol, which removes its unpleasant smell.

The soap cure which was used so extensively by Hebra, and which continues to be especially popular in Vienna and certain parts of Germany, consists in bringing potash soap, or the alcoholic solution, in contact with the skin and allowing it to remain there for some time, or in scrubbing the diseased surface with the soap and water daily until the blood oozes from the parts. This method is employed particularly in chronic eczema and psoriasis to induce an acute inflammation, after which diachylon ointment or cold and wet compresses are frequently applied. The principle of the treatment is often an excellent one, and the successful results, some of which I witnessed while in the large European medical centres, are remarkably good; but the same procedure will not answer in America. The method must be modified to suit the integument of Americans, milder stimulants or caustic applications always succeeding much better than the more severe. Further, our people cannot be controlled in a hospital as well as the inhabitants of certain parts of Europe; they will not put up with the painful treatment just referred to, neither will they abandon their occupations and remain in bed for the purpose of carrying it out properly.

Potash soap, however, in moderation, is a most valuable remedy, but it should always be used with caution, and its effects carefully watched. It is an excellent stimulant, and even a caustic, when employed for a decided effect, and it is valuable in many cutaneous diseases to free the surface of scales, crusts, and all extraneous material. It is serviceable in seborrhœa, ichthyosis, pityriasis, eczema, and psoriasis, and not only removes in the last two diseases all accumulation, but also reduces the infiltration which may be present. It can be used alone, or dissolved in alcohol, as already referred to, as the spirit of green soap. The treatment of acne, acne rosacea, elephantiasis, leucoderma, scrofuloderma, and syphiloderma, is often enhanced very much by an occasional application of potash soap or its spirit.

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Senator reports having used inunctions of it with benefit, both in chronic non-scrofulous, and in syphilitic and glandular swellings. According to Beetz, potash soap is of decided value in many cases of subcutaneous suppuration and glandular inflammation.

The great power of the diffusion of this form of soap into the tissues, which it derives from the potash, should cause it to be used with great care, especially in acute diseases and upon delicate surfaces. Its penetrating and destructive action on the tissues, particularly when used carelessly or indiscriminately, regardless of precautionary measures, has frequently produced great mischief by setting up violent and obstinate inflammation of the skin. If, on the other hand, the soap is employed with precaution, it will frequently be found to be a valuable adjuvant in the treatment of many cutaneous eruptions. It is seldom alone a remedy capable of effecting a cure; soothing ointments, lotions, powders, or medicated plasters usually being necessary in one or the other form as an after-treatment for eradicating the disease.

*Soda*, or hard soap, which contains soda as the base, and is generally a nearly neutral soap, may also be made with either an animal fat or a vegetable oil. Soda soap differs from the potash in being hard, or comparatively so, and in having a milder, stimulating, or destructive action on the skin. It can be used in the class of affections in which potash soap has been recommended. As its action is much milder than potash soap, it is preferable in some cutaneous diseases, while the latter becomes necessary in others. If, therefore, soap is needed as an assistant, either to cleanse the surface or for its local effects, it is often better to use soda soap first, and then subsequently, if required, potash soap.

Potash and soda soaps can both be combined with various chemical substances to form medicated soaps. Soap so prepared becomes an easy and convenient vehicle for cutaneous application. It not only serves to soften or destroy the epidermis, or remove all crusts, scales, or extraneous matter, but it at the same time brings in contact with the diseased skin, under the most favorable condition, the medicinal substance in the combination. The skin, also, being thus rendered active, derives a better and a more decided effect from the remedy.

Potash soap can be medicated with tar, naphthol, carbolic acid, salicylic acid, sulphur, balsam of Peru, and mercury. These have been found to be the principal substances combined with potash soap from which decidedly good results have been obtained, although many other drugs can also be beneficially used with it. Tar can be combined with potash soap, either in the form of pix liquida (oleum empyreumaticum coniferum), the oleum fugi, the oleum cadinum, oleum rusci, or the oleum ligni fossilis empyreumaticum, in the proportion of one to eight drachms of either of these tarry preparations to the ounce of soap or its spirit. Tar so incorporated with potash soap forms a very valuable application, that has the combined effects of both the soap and the tar. It is useful in chronic eczema, especially in obstinate patches of the disease; psoriasis, ichthyosis, pityriasis, and scrofuloderma are also often benefited by its use. It has quite a satisfactory effect, either in the form of the soap or its spirit, in seborrhœa sicca, or that dry, often greasy but scaly, state that appears on certain parts of the body, especially in the head, as dandruff. Naphthol added, in from one-half to three or more drachms to the ounce of potash soap, produces a combination that is equally useful in the diseases just referred to, and it posseses the additional value of being free from the odor, so pungent and so objectionable to tar. Naphthol potash soap is remarkably efficient in chronic scabies or itch, the first-named remedy acting on the animal parasite, while the soap removes all the material from the surface and lessens the infiltration. Again, in severe cases of phtheiriasis, or lousiness of the body, with eczema, naphthol potash soap not only kills the parasite, but also assists in rapidly overcoming all the complications that may be present. Carbolic, or salicylic acids, either of which can be used in from ten to ninety grains to the ounce of potash soap or its spirits, form most serviceable applications. Carbolated potash soap, but more particularly its spirit, is valuable in seborrhœa oleosa, acne indurata, chronic papular eczema and in paræsthesia, or a perverted sensation of the skin, or what is usually referred to as pruritus. The intense itching that frequently accompanies these affections is often relieved by the softening influence of the soap and the anæsthetic action of the carbolic acid. Salicylated potash soap, on the other hand, produces good effects in hyperidrosis and bromidrosis, or in excessive and fetid secretions.

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Sulphur, alone or with tar, can be mixed in all proportions with potash soap, for the additional effect of these drugs. Soap so medicated has been occasionally employed in the treatment of obstinate cases of scabies and eczema, but its unfortunate odor serves to make it objectionable for use in private practice. Balsam of Peru can be incorporated with potash soap in from one-half a drachm or more to the ounce. It can be applied with advantage in indolent ulcers and in furuncular affections.

Mercurial potash soap, the last of the medicated of the soft variety that will be considered, is, perhaps, one of the most important and practical.

Mercury can be mixed with the potash soap in the form of one of the mercurial salts, as the corrosive chloride, ten or more grains to the ounce, or as one of the mercurial ointments; either the common blue or oleate ointments being used in all proportions with the soap. Mercurial potash soap is one of the best combinations to use in the treatment of obstinate and unyielding cases of syphilis. It is particularly serviceable in broken-down and cachectic subjects, in whom mercury is not well borne by the alimentary canal. Its free application under such circumstances is even more effective than the ordinary inunctions of mercury. The dormant skin is awakened to activity, the blood is rapidly affected by the mercury, and the old lesions that have long been unyielding disappear from the body. It is not only applicable in late cases of syphilis, but also in the early stages of the disease, when it is advisable to make an impression on the blood through the skin. Buboes, especially old and indolent ones, can often be removed quickly by application of mercurial potash soap. Scrofulous ulcers, enlarged glands, scars, and pigmentary spots will also frequently be improved or cured by the use of this soap. It is a beneficial preparation to employ in alopecia, especially in the circumscribed form of loss of hair.

*Soda Soap*, medicated, has even a more extensive use in the treatment of diseases of the skin. Like potash soap, it should always be employed on a diseased surface with precautions, especially in beginning its use, whether it be the ordinary or medicated variety. In some diseases, a marked and beneficial effect will at once follow its application, and, by its repeated employment, it will readily be apparent how often it should be used. Sometimes medicated soap is well borne every day, or once or twice a week. Occasionally its use once in two or three weeks is sufficient, or only as the occasion may require for carrying off the epidermis, stimulating the skin, or for the removal of irritating secretions or crusts, scales, or extraneous matter. Again, it may happen in some cutaneous diseases that medicated or any form of soap is not well borne, or absolutely contraindicated by the abnormal condition of the skin. The attention to the precautions already alluded to, together with a general clinical knowledge of what is suitable or unsuitable, should serve as a sufficient guide as to whether it should be employed or not.

A variety of medicinal substances and combinations have been tested by me in soda soap for some years, both in private practice and in dispensary and hospital service, with the effect of producing the following medicated soaps, which have been found advantageous to employ, and which are manufactured by W. T. Baker & Co., of Philadelphia, and now largely used in the Philadelphia Hospital for Skin Diseases. Each soap referred to is divided into pieces or cakes that have an average weight of three and a half ounces, or 1680 grains; and in speaking of the different varieties, I shall give the amount of the medicinal substances with which each soap is incorporated.

*Alum Soap.*—Sapo Aluminus. 10 per cent., or 168 grains, Aluminis.

Alum soap may be used with advantage in hyperidrosis and seborrhœa oleosa, or in excessive sudoriparous and sebaceous secretion. It checks or assists in relieving the discharge that occurs in these affections, and often brings the diseased surface into a condition suitable for other remedies. Many cases of pustular eczema, particularly in the subacute stage, are benefited by its use. It frees the surface of crusts and scales, and aids in lessening the formation of pus. It is very efficient in all indolent conditions of the integument that occur in lupus, cancer, and in scrofulous and syphilitic skin affections. Alum soap has both a stimulating and astringent action on ulcers, and will be found particularly good for bed-sores, and all weakened conditions of the skin that follow the effects of illness, or any irritation that may arise from friction, especially that which occurs in the folds of the skin of stout persons, by giving strength and vigor to the skin.

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*Arnica Soap.*—Sapo Arnicæ. 10 per cent., or 168 grains, Ext. Arnicæ.

Arnica soap is very good to use in sore nipples and in many inflammatory affections around the mucous outlets of the body. It is likewise serviceable in cleansing boils, carbuncles, and many of the pustular skin affections. The irritable and sensitive conditions of the skin that may exist during the course of these diseases are, by its use, frequently relieved. Arnica soap is also an excellent application for abrasions, wounds, and bruises of the integument; the soreness or pain, if present, is usually lessened or removed.

*Boro-Glyceride Soap.*—Sapo Boro-glyceriti. 10 per cent., or 168 grains, Boro glycerite.

Boro-glyceride soap is very useful for its beneficial action on the skin, being preferable to either borax or boracic acid soap. It possesses antiseptic and deodorant properties, and is particularly applicable for the destruction of minute organisms. It is valuable for cleansing wounds, ulcers, suppurating, sloughing or gangrenous surfaces, lessening inflammation, and preventing the action of atmospheric germs. General and local pruritic conditions of the skin, especially pruritus, that frequently affect the genital organs and the anus, are usually benefited and often relieved by its use. It is a valuable soap to employ in acne and in seborrhœa, freeing the surface, in the latter disease, of crusts or scales that may exist, opening up the orifices of these sebaceous follicles, and lessening the accumulation of the abundant secretion. The roughened, reddened, and irritable state of the skin that is at times present in the latter disease and in acne rosacea is often removed by the use of this soap, and it may give a clear and healthy complexion.

*Camphor Soap.*—Sapo Camphoræ. 10 per cent., or 168 grains, Camphoræ.

Camphor soap has primarily a stimulant, and at times an irritant action, which is succeeded by an anodyne effect. It is most frequently used for the relief of pruritus that attends eczema, chilblains and other irritable affections of the skin.

*Carbolic Acid Soap.*—Sapo Carbolici. 5 per cent., or 84 grains, Acidi Carbolici.

Carbolic acid soap has at first a stimulant action, followed usually by an anæsthetic effect. It has been largely employed for its antiseptic action in wounds and all suppurating sores. The accompanying itching of the skin is often allayed by employing it. It is excellent for chronic eczema, psoriasis, and many other cutaneous diseases, but, on account of its unpleasant and penetrating odor many persons prefer napthol and salicylic acid soaps.

*Chamomile Soap.*—Sapo Anthemidis. 10 per cent., or 168 grains, Ext. Anthemidis.

Chamomile soap is a mild stimulant and astringent, possessing an agreeable, aromatic odor, and being very serviceable in many inflammatory affections. It is an excellent soap to use in intertrigo or chafing, and in dermatitis, seborrhœa, hyperidrosis and bromidrosis; while it is particularly valuable, both for its medicinal virtues and aromatic odor, in all conditions of excessive secretion and ill-smelling sores. It is frequently rendered more effective by the addition of sulphur, according to the following combination:—

*Chamomile and Sulphur Soap.*—Sapo Anthemidis Sulphurisque. 10 per cent., or 168 grains, Ext. Anthemidis; 5 per cent., or 84 grains, Sulphuris Loti.

Chamomile and sulphur soap possesses the properties of both remedies in the combination. In seborrhœa sicca on any part of the body, but more particularly on the scalp or portions covered with hair, it has a most decided effect in carrying off the scales and crusts from the surface. Loss of hair, that so frequently occurs from dandruff or seborrhœa sicca, may be relieved or checked by the use of this soap. The greasy, shining complexion, attended with numerous small elevations or pimples, a form of acne common to young women from either gastric or menstrual disorders, often yields to applications of it, and it assists in restoring the skin to its healthy, transparent state.

*Eucalyptol Soap.*—Sapo Eucalyptili. 5 per cent., or 84 ♏, Ol. Eucalypti.

Eucalyptol soap has not only stimulating and astringent, but also pleasant balsamic qualities. It is, therefore, a useful disinfectant application to all foul-smelling wounds and ulcers. In bromidrosis, or fetid perspiration, it is very efficacious.

*Naphthol Soap.*—Sapo Naptholis. 5 per cent., or 84 grains, Naphtholi.

Naphthol soap is one of the most effective and practical of all the medicated soaps. It is useful in very many cutaneous diseases, and especially so on account of being free from odor and having stimulating astringent and some anæsthetic effect upon the skin. Animal para-

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sites on the skin or in the clothes are usually destroyed by its application. Lice, particularly the variety that infest the pubic and axillary regions, can be easily, cleanly and quickly destroyed by naphthol soap, superseding the filthy mercurial ointment. Scabies or itch is sometimes also eradicated by it, as it is a valuable adjuvant in assisting the action of other remedies. The bite and sting of many insects and animals may often be cured or relieved by its use. It often acts well in eczema, especially the subacute and chronic variety, aiding much to lessen the infiltration and itching that may torment the patient. Psoriasis, pityriasis, and ichthyosis are often benefited by it. It has decided antiseptic properties, and is, therefore, of great utility in all offensive discharges from the skin. Fetid perspiration is not only controlled, but often cured by its use.

*Salicylic Acid Soap.*—Sapo Acidi Salicylici. 4 per cent., or 67⅛ grains, Acidi Salicylici.

Salicylic acid soap is valuable for its antiseptic action, and is by far superior to carbolic acid soap. Its freedom from the irritating quality and disagreeable odor of the latter soap makes it preferable to it in every way. It is an admirable soap for toilet purposes, and has proved serviceable in those thickened conditions of the epidermis that occur on the plantar, palmar, and extensor surfaces. It assists in softening up the epidermis and in making the skin more natural and pliable. Sycosis and pustular eczema are generally benefited by its use, particularly when the hair becomes matted togother and is accompanied with a fetid odor. It is likewise serviceable in fetid perspiration and all foul smelling wounds or sores.

*Sublimate Soap.*—Sapo Hydrargyri *Chloridi* Corros. 1 per cent., or 16⅞ grains, Hydrargyri Chloridi Corrosivi.

Sublimate or mercury soap is, like carbolic acid, naphthol and salicylic acid soaps, a valuable antiseptic. It is a valuable soap in animal parasitic diseases, such as phtheiriasis or lousiness, and scabies or itch. Freckles, pigmentary deposits, especially chloasma or yellowish-brown or blackish patches on the skin, are greatly relieved and sometimes removed by its employment. The red and roughened state of the skin that may follow the eruptive fevers, as in smallpox, may be erased or improved by its use. It is an effective soap to assist in overcoming an unhealthy state of the skin and in producing a clear and brilliant complexion. Sublimate soap is also one of the best agents to have recourse to in all kinds of itching of the integument, and may afford the greatest relief sometimes in both pruritus ani and pruritus pudendi. It is likewise a markedly serviceable remedy in the various syphilitic skin eruptions.

*Tar Soap.*—Sapo Picis Liquidæ. 10 per cent., or 168 grains, Picis Liquidæ.

Tar soap has long been employed with great advantage in many forms of cutaneous disease. Eczema and psoriasis, more especially the chronic varieties, are frequently much improved by the use of tar soap. It assists in keeping the skin active, often lessens the infiltration and relieves the itching. It is a useful soap, also, to remove the scales in pityriasis and ichthyosis. Tar soap, or any of its compounds, can be employed in many diseases of the skin that have been referred to in considering naphthol soap—the former being inferior to the latter on account of its disagreeable odor and the irritant effects that sometimes follows the application of tar to the skin.

The principal medicinal combinations with potash and soda soap have now been fully considered, and it simply remains to briefly refer to the following additional medicated ammonia and soda soaps which have a rather limited use:

*Amber Soap.*—Eau de Luce. A liquid soap, which has as its chief ingredients tincture of oil of amber and balsam of Gilead, with water of ammonia.

Used in enlarged glands, moles, warts, etc.

*Balsam Soap.*—5 per cent., or 84 grains, Balsami Peru.

Used in indolent ulcers, sinuses, abscesses, etc.

*Elder-Flower Soap.*—Sapo Sambuci Flor. 10 per cent., or 168 grains, Sambuci Florum.

Used in intertrigo, rosacea, sunburn, etc.

*Ergot Soap.*—Sapo Ergotæ. 10 per cent., or 168 grains, Ext. Ergotæ.

Used in eczema, acne, rosacea.

*Glycerine Soap.*—Sapo Glycerin. 15 per cent., or 252 grains, Glycerin.

Used for roughness of the skin, chaps, pityriasis, etc.

*Naphtol Sulphur Soap.*—Sapo Naphtholi Sulphurisque. 3 per cent., or 50⅝ grains, Naphtholi; 10 per cent., or 168 grains, Sulphuris Loti.

Used in scabies (itch), phtheiriasis (lousiness), insects of all kinds on the skin, eczema, psoriasis, seborrhœa, hyperidrosis, bromidrosis, etc.

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*Sulphur Soap.*—Sapo Sulphuris. 10 per cent., or 168 grains, Sulphuris Loti.

Used in acne, rosacea, etc.

*Iodine Soap.*—Sapo Iodi. 3 per cent., or 50⅜ grains, Iodi Resublimati.

Used in syphilitic and scrofulous skin affections, old granulations, etc.

*Iodide of Sulphur Soap.*—Sapo Sulphuris Iodidi. 3 per cent., Sulphuris Iodidi, 50⅜ grains in a cake.

Used in acne indurata, chronic ulcers, freckles, yellowish-brown or blackish patches on the skin, etc.

*Kino Soap.*—Sapo Kino. 10 per cent., or 168 grains, Ext. Kino.

Used in eczema, rosacea, ulcers, etc.

*Lead Soap.*—Sapo Plumbi. 3 per cent., or 50⅜ grains, Plumbi Acetas.

Used in boils, carbuncles, abrasions, bedsores, etc.

*Tannin Soap.*—Sapo Acidi Tannici. 3 per cent., or 50⅜ grains Acidi Tannici.

Used in seborrhœa oleosa, excessive sweating, ulcers, granulations, etc.

*Tannin Balsam Soap.*—Sapo Tanno Balsamicus. 2 per cent., or 33⅜ grains, Acidi Tannici; 5 per cent., or 80 grains, Balsami, Peru.

Used in wounds, ulcers, chilblains, etc.

*Thymol Soap.*—Sapo Thymol. 3 per cent., or 50⅜ grains, Thymoli Crystallisati.

Used in ulcers, wounds, abscesses, sinuses, pustular eczema, etc.

*Turpentine Soap.*—Sapo Terebinthinæ Compositus.

This soap has been known as Starkey's, and is composed of equal parts of potassium carbonate, oil of turpentine, and Venice turpentine.

Used in chilblains, syphilis, psoriasis, etc.

*Winter-Green Soap.*—Sapo Gaultheriæ. 3 per cent., or 50⅜ grains, Acidi Methylsalicylici.

Used in eczema, psoriasis, lichen, acne, etc.

*Witch-Hazel Soap.*—Sapo Hamamelis. 10 per cent., or 168 grains, Ext. Hamamelis.

Used in fetid perspiration, eczema, loss of hair, etc.

Soap, especially the medicated, as has been shown, is a very valuable agent in the treatment of the various diseases of the skin, providing it is properly and judiciously used. It is a powerful remedy to do good, and equally so to effect harmful results. The greatest care and the utmost precautions, as has already been pointed out, should always be exercised in applying it to a diseased surface, and too much must not be expected for soap to accomplish. The manufacturer, the merchant, and, too often, the physician, claim that this or that medicated soap will remove or cure certain skin diseases, which, on trial, will frequently be found to utterly fail. Soap, as a remedy, *per se*, seldom cures cutaneous affections, but as an adjuvant it is one of the most valuable agents that we possess.

## THERAPEUTIC NOTES.

### PURPURA.

℞. Strychnia sulphatis . . gr. ¼
Ferri sulphatis . . . gr. xvi.
Magnesii sulphatis . . ʒiij.
Acidi sulphurici dilut. . ʒj.
Aqua q. s. . . . . ℥iv.
M. Sig.—Two teaspoonfuls every four hours.

### ANÆMIA.

℞. Liq. potassii arsenitis . ʒss.
Elix. gentianæ ferrat. . ℥iv.
M. Sig.—Two teaspoonfuls after meals.

### IODOFORM PREPARATIONS.

℞. Iodoform . . . . gr. xv.
Glycerin . . . . ʒv.
Essence of mint. . . ♏vi.
Used on vaginal tampons.

℞. Iodoform . . . . gr. xv.
Glycerin . . . . gr. lxxv.
Distilled water . . . ℥ij.
For injections in cases of gonorrhœa and chronic catarrh of the bladder.

℞. Iodoform . . . . gr. xv.
Sulphuric ether
Olive oil . . . . āā gr. lxxv.
For subcutaneous injections in cases of syphilis, from half to three-quarters of the mixture being used daily or every other day.

℞. Iodoform . . . . gr. xv–xxx.
Potassium iodide . . ʒj.
Tokay wine . . . ʒiiss.
For internal use, in cases of convulsions, in doses of from three to fifteen drops, in a glass of wine, three times a day.

℞. Iodoform . . . . gr. iss.
Lycopodium . . . gr. vi.
Extract of phellandrium seed gr. xv.
Divide into ten pills, from three to five of

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which are to be taken daily, for bronchorrhœa or emphysema. It should be borne in mind that the internal use of iodoform disposes to hæmoptysis.—*Courier Médical, New York Medical Journal.*

### SICK HEADACHE.

M. Marget (Progrès Méd., N. Y. Medical Journal) directs discs made after the following formula to be applied over the seat of pain in sick headache—

℞. Menthol,
Chloral hydrate . . . ää gr. viiss.
Spermaceti . . . gr. xxx.
Cocoa butter . . . gr. xv.

### MALARIAL FEVER.

Professor N. S. Davis says that all ordinary attacks of malarial fever, whether intermittent or remittent, can be broken up by the administration of from ten to twenty grains of quinine during each of the first and second days, and from eight to twelve grains on the third, fourth, and fifth days. The patient should then be given—

℞. Quiniæ sulphatis . . . ʒj.
Ferri citratis . . . ʒj.
Ext. hyoscyami . . . ʒss.
Ext. nucis vomicæ . . gr. x.

Mix and divide into thirty capsules, of which one should be given before each meal for the first week; one before breakfast and dinner the second week; and one before breakfast only during the third week.

Another excellent formula, which Professor Davis has used for many years, as a substitute for the former, is—

℞. Ext. cornus Floridæ . . ʒj.
Ferri sulphatis . . . ʒss.
Ext. hyoscyami . . . ʒss.
Strychnia sulphatis . . gr. j.

Mix.—Divide into thirty capsules, and use as directed in the preceding formula.

If the patient is anæmic, he may also take a teaspoonful of the syrup of the lactophosphate of calcium, or of the compound syrup of the hypophosphites, after each meal. In cases presenting enlargement of the spleen or of the liver, Professor Davis has found no remedy more certainly beneficial than chloride of ammonium in five to eight grain doses three or four times a day.

### SYPHILITIC TIC DOULEUREUX.

For a case of tic douleureux, which was probably due to pressure from a specific exostosis, Professor Bartholow prescribed—

℞. Potassii iodidi . . . ʒss.
Sodii bromidi . . . . ʒj.
Aqua . . . . . ʒvi.

M. Sig.—A tablespoonful morning and evening.

### INCIPIENT MYELITIS.

For a case of incipient myelitis in a man aged forty, Professor Bartholow ordered—

℞. Ferri sulphatis exsicc. . gr. xv.
Mangani sulphatis . . gr. xv.
Acidi arseniosi . . . gr. ¼.

M. Ft. pilulæ No. xv.
Sig.—One pill after each meal.

The patient was also directed to take one teaspoonful of the syrup of the lactophosphate of calcium before meals.

### SYPHILITIC LARYNGITIS.

For a case of syphilitic laryngitis in which there was considerable tumefaction but no ulceration, Prof. Bartholow recommended—

℞. Sodii iodidi . . . . ʒij.
Syrupi picis liquidæ . . ʒiij.

M. Sig.—Two teaspoonfuls every three hours.
Also—
Syrupi ferri iodidi ♏xx, three times daily.

### CEREBRAL HYPERÆMIA.

A patient suffering from cerebral hyperæmia recently presented himself at Professor Da Costa's clinic. He had been suffering from headache and vertigo for six months. His memory was failing, his sleep was disturbed, and he was becoming very much depressed in spirits. He was directed to have a blister applied to the nape of the neck, and to take—

℞. Ext. colocynthi comp. . gr. xii.
Pulv. capsici . . . gr. iv.
Ext. gentianæ . . . gr. xxiv.

M. Ft. pilulæ No. xii.
Sig.—One pill three times a day.
Also—
℞. Sodii bromidi . . . ʒiiss.
Aquæ . . . . ʒiij.

M. Sig.—One tablespoonful every night at bedtime.

### HYPERTROPHY OF THE HEART.

Professor Da Costa recommends in the initial stage—

℞. Tinct. aconiti rad. . . ♏xvi.
Tinct. cinchonæ comp. . ʒij.

M. Sig.—One teaspoonful three times a day.
In addition, the bowels are to be kept freely open, and the arterial tension lessened by the administration of one or two drachms of Rochelle salts, or some other saline, every morning.

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DYSENTERY.

Professor N. S. Davis recommends in the early stages—

℞. Pulv. opii . . . . gr. ix.
Potassii nitratis . . . ʒss.
Hydrarg. chlor. mite . . gr. vj.
M. Ft. charta No. vi.
Sig.—One powder every two hours.

If there be a high fever, much thirst, and a coated tongue, he orders the following mixture to be taken between the powders—

℞. Tinct. verat. viridi . . . ʒj.
Spts. ætheris nitrosi . . ʒiss.
Tinct opii camph. . . . ʒiss.
M. Sig.—One teaspoonful every two hours.

If the case be not seen until two or three days have elapsed, when the discharges are distinctly muco-purulent and mixed with blood and accompanied by considerable tenesmus, Professor Davis has obtained the best results from the following combination :—

℞. Ol. terebinthinæ . . . ʒiij.
Ol. gaultheriæ . . . ʒss.
Tinct. opii . . . . ʒiv.
Gum acaciæ . . . . ʒv.
Sacchara alba . . . ʒv.
Aquæ . . . . . ʒiv.
M. Sig.—One teaspoonful every two or three hours.

CHRONIC BRONCHITIS.

℞. Quiniæ sulph. . . . gr. xl.
Acidi phosphorici dilut. . ʒij.
Vini picis liquidæ . . ʒij.
M. Sig.—One teaspoonful three times a day.

CHRONIC DIARRHŒA.

℞. Tinct. opii deod. . . ʒj.
Tinct. ignatiæ . . . ʒiss.
Acidi sulphurici dilut. . ʒj.
Liq. ferri subsulphatis . ʒiss.
Tinct. coptis trifoliæ . . ʒij.
M. Sig.—One teaspoonful well diluted four times a day.

LEAD POISONING.

℞. Strychniæ sulphatis . . gr. ½.
Quiniæ sulphatis . . ʒj.
Acidi sulphurici dilut. . ʒij.
Magnesii sulphatis . . ʒss.
Aquæ q. s. ad . . . ʒvj.
M. Sig.—Half a tablespoonful one hour before each meal.

ASTHMA.

Dr. Q. C. Smith (Daniel's Texas Medical Journal) recommends the hypodermatic administration of pilocarpine, gr. $\frac{1}{6}$, and apomorphia, gr. $\frac{1}{15}$, to check the asthmatic paroxysm. For the after-treatment he has found nothing equal to—

℞. Ext. pilocarpi fl. . . . ʒj.
Ext. grindelia robusta fl. . ʒss.
Syrupi ipecac. . . . ʒss.
Apomorphia . . . . gr. j.
Syrupi stillingiæ comp. q. s. ad ʒiv.
M. Sig. One teaspoonful after meals.

SMALL-POX.

℞. Acidi carbolici . . . gr. iv.
Chloral hydrat. . . . ʒij.
Tinct. benzoini comp. . . ʒiiss.
M. Sig.—One teaspoonful every four hours.

CHLOROSIS.

℞. Strychniæ sulphatis . . gr. ½.
Potassii chloratis . . ʒiss.
Aquæ . . . . . ʒiv.
M. Sig.—Two teaspoonfuls after meals.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . ʒss.
Potassii chloratis . . . ʒiss.
Aquæ menth. pip. . . . ʒiv.
M. Sig.—A dessertspoonful every three hours.

NEURALGIA.

℞. Tinct. verat. viridi . . ʒss.
Tinct. gelsemii . . . ʒiiss.
Tinct. cimicifugæ . . . ʒij.
M. Sig.—One teaspoonful every two hours.

PRURITUS.

℞. Acidi carbolici . . . ʒss.
Chloral hydrat. . . . ʒj.
Glycerini . . . . ʒj.
Aquæ camphoræ . . . ʒiij.
M. Ft. Loti. Sig.—Apply externally.

ERYTHEMA.

℞. Plumbi carb. . . . . ʒj.
Bismuthi subcarb. . . . ʒj.
Sodii bicarb. . . . . ʒss.
Ung. zinci oxidi benz. . . ʒij.
M. Ft. Unguentum. Sig.—Use externally.

MIGRAINE.

℞. Tinct. ignatiæ . . . ʒj.
Tinct. cannabis ind. . . ʒij.
Tinct. cardamomi . . ʒij.
M. Sig.—One teaspoonful every three hours.

WHOOPING-COUGH.

℞. Chloral hydrat. . . . ʒj.
Tinct. hyoscyami . . ʒss.
Syrupi lactucarii . . ʒiiss.
M. Sig.—One teaspoonful every two or three hours.

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CHRONIC RHEUMATISM.

℞. Potassii iodidi . . . ℥iss.
Ammonii chloridi . . ℥j.
Spts. chloroformii . . ℥ss.
Tinct. cinchonæ comp. . ℥iv.
M. Sig.—Two teaspoonfuls three times a day.

ASCARIDES.

℞. Ol. terebinthæ . . . ℥ij.
Mucil. acaciæ . . . ℥j.
Syrupi zingiberis . . ℥ij.
M. Sig.—One teaspoonful every morning before breakfast.

PHYTOLACCA DECANDRA IN ORCHITIS.

Dr. W. O'Daniel (Atlanta Medical and Surgical Journal) has obtained the best results in the treatment of orchitis, from the internal administration of four to six drops of the fluid extract of phytolacca every three hours, combined with the external application of an ointment of belladonna and phytolacca. If there be much inflammation and swelling he begins the treatment by puncturing the scrotal veins to relieve the congestion. Anodynes are also given when necessary to relieve pain or procure sleep.

SOME FORMULÆ IN COMMON USE AT THE NEW ORLEANS CHARITY HOSPITAL.

HAUSTUS QUINIÆ (H. Q.).

℞. Quiniæ sulph. . . . ℈ij.
Acidi sulph. . . . q. s.
Tinct. opii . . . . ℥j.
Aq. menth. pip. . . . ℥vj.
M. Sig.—Dose from one to two tablespoonfuls.

ANTI-EMETIC MIXTURE.

℞. Sodii bicarb. . . . ℥j.
Aq. lauro-cerasi . . . ℥j.
Aq. menth. pip. . . . ℥v.
M. Sig.—Tablespoonful at a dose.

ANTI-RHEUMATIC MIXTURE.

℞. Potassii iodidi . . . ℥ij.
Vini colchici sem.,
Syr. simplicis . . āā ℥ss.
Aq. menth. pip. . . . ℥v.
M. Sig.—Tablespoonful at a dose.

MISTURA CRETÆ COMP.

℞. Tinct. opii . . . . ℥j.
Tinct. kino . . . . ℥j.
Mist. cretæ . . . . ℥v.
M. Sig.—Dessertspoonful, or tablespoonful, at a dose.—*New Orleans Medical and Surgical Journal.*

ACUTE RHEUMATISM.

Dr. James Craig (New York Medical Journal) claims that hydriodic acid is the most efficient remedy for acute rheumatism. He orders two teaspoonfuls of the syrup, to be taken every two or three hours. Under this treatment the pain and swelling usually subside within eighteen to twenty-four hours. Similar good results are obtained from it in subacute rheumatism.

CATARRHAL JAUNDICE.

℞. Hydrarg. chlor. mite . . gr. j.
Resinæ jalapæ . . . gr. vj.
Ext. colocynthi comp. . gr. iij.
M. Ft. pilulæ no. iii.
Sig.—One pill every hour.

Four hours after the last pill has been taken, give the patient a bottle of the solution of citrate of magnesia, or half an ounce of Epsom salts in a glass of water. The following combination will also be found useful as a general tonic, and as a corrective of the morbid state of the intestinal mucous membrane :—

℞. Quiniæ sulphatis . . gr. xxiv.
Acidi hydrochlorici dilut. ℥j.
Aqua . . . . ℥j.
Syrupi zingiberis . . ℥ij.
M. Sig.—Two teaspoonfuls every four hours.

PYROSIS.

℞. Sodii bicarb. . . . . ℥iss.
Tinct. colombæ . . . ℥ij.
Tinct. nucis vomicæ . . ℥j.
Tinct. capsici . . . ℥ss.
Aqua . . . . ℥ij.
M. Sig.—Half a tablespoonful after meals.

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A MUSTARD SPONGE.—In referring to sponge as a carrier of poultices, Dr. Richardson considers that it makes the best of mustard carriers. Mix the mustard in a basin with water until the mass is smooth and of even consistency. Then take the soft mass all up with a clean sponge, lay the sponge in the centre of a white handkerchief, tie up the corners neatly, and apply the smooth, convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice during the weariness of night watching. The sponge can afterwards easily be washed clean in warm water.—*Journal of American Medical Association.*

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Sept. 1885.

## *THE ALLEGHENY COUNTY MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION.*

A FEW weeks ago, the New-Code journals proclaimed with exultation that the Allegheny County Medical Society had passed a series of resolutions condemning the recent action of the American Medical Association, and insisting upon the reinstatement of the Original Committee with full power to *reappoint themselves and their New-Code friends to office.* The facts of the case are, that the meeting at which these resolutions were passed was attended by only twenty out of the one hundred and ten members, and that very few of those present were familiar with the questions at issue, and that not over twelve votes were cast in favor of the resolutions.

The following letter stating these unpalatable truths was sent by Dr. Thomas D. Davis, Corresponding Secretary of the Society, to the Medical News, but was not published:

*Editor Journal American Medical Association:*

DEAR SIR: The inclosed note I send to-day to the Philadelphia Medical News. In simple justice I hope it will be published.

*Editor of News:*

DEAR SIR: I notice in my News received to-day, that you make a point of the recent action of the Allegheny County Medical Society concerning the proposed International Medical Congress. Our society has over one hundred and ten members. At the meeting where the resolutions you published were passed not over twenty members were present. Of these but few were familiar with the facts in the case. The resolutions were scarcely discussed except by the mover. As they were passed *viva voce* no record of the vote was kept, but I am assured that not over twelve, or *one-ninth* of the entire society voted for them. To whatever weight that vote may have you are welcome; but simple justice to the profession in this county requires these facts to be stated, as many of those who were absent from the meeting are not in favor of reinstating a committee two-thirds of whom appointed themselves to one or more of the most desirable positions in the Congress, and who gave other positions of honor to the bitter enemies of the very asssociation from which they received their authority.

Respectfully yours,

THOS. H. DAVIS,

*Cor. Sec'y Allegheny Co., Pa., Med. Society.*

Pittsburgh, Pa., Aug. 10, 1885.

The suppression of this letter, instead of having the intended effect, only served to stimulate the determination of the members of the Society to remove the stigma which had been placed upon it, and not to permit it to be any longer heralded abroad as being in accord with the enemies of the Association. A special meeting was accordingly held on August 25th, at which a full attendance was secured, more members being present than at any other meeting ever held by the Society. After a full exposition of the facts at issue, the former resolutions were rescinded, and the Society unanimously indorsed the action of the American Medical Association in insisting that only those who are in accord with the National Code of Ethics should be appointed officers of the Congress.

## *FACIAL ERYSIPELAS.*

PROFESSOR DA COSTA'S method of aborting facial erysipelas by the hypodermatic injection of pilocarpine has been employed extensively at the Pennsylvania Hospital, and with almost uniform success. It is especially applicable, and may be employed with confidence, in cases of the disease occurring in young and robust adults. It produces free perspiration, during which the temperature and pulse fall to almost normal, the redness of the skin diminishes, and the further progress of the disease is checked. Professor Da Costa does not, however, recommend it in the ery-

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sipelas of anæmic or debilitated subjects, as it might possibly have too depressing an effect upon the heart. In these cases some other plan of treatment is preferable. Professor Bartholow speaks favorably of quinia and belladonna. The aconite and carbolic acid treatment has also given excellent results, but is not suitable for the asthenic type of the disease. Some cases require to be stimulated from the beginning, and would not bear the use of any cardiac depressant. The pulse should be the guide, and aconite or belladonna administered in accordance with its indications. These agents, however, have no direct influence on the disease, and can only be regarded as adjuvants. The tincture of the chloride of iron is the nearest approach to a specific that has yet been discovered. It acts equally well in the sthenic as well as the asthenic cases, and has a mass of clinical evidence in its favor. It should be given in large doses, ♏xx to ♏xxx, every three hours, and continued until convalescence is established. The bowels should be freely opened by a calomel, or calomel and jalap purge, followed by a saline. The patient should be kept in bed, in a dark room, and restricted to a light, nutritious diet.

It has been said that the external treatment is of no consequence, and that any application which may be ordered is only of the nature of a placebo. This is a grievous error. The itching and burning demand relief, and if relief is not given, the patient tears the skin with his nails, and even at times becomes delirious from the suffering. In these cases we can confidently recommend the ointment of the oleate of bismuth as a certain remedy for allaying the itching and burning, lessening the pain, and permitting the patient to sleep. It is true that this effect is only palliative, and does not really shorten the disease in ordinary cases.

The earth treatment advocated by Dr. Addinell Hewson can be depended upon, however, to abort the disease. It is not an æsthetic application, and the *dilettante* who affects to be a physician may object to soiling his hands with its use, but the physician who places the welfare of his patient above every other consideration may resort to it with confidence. The following case is a practical illustration of its value: The patient, a moderate drinker, aged forty-five, was seen on Saturday morning. He had a well-marked attack of erysipelas. Both sides of the face were involved, and the swelling was so considerable that he could scarcely open his eyes. According to his statement, the pain and burning were almost unbearable. His pulse was 110 and full and strong, and his temperature 102°. He was ordered two ♏v doses of tincture of aconite, to be taken one hour apart. After the second dose of aconite, he was directed to take a calomel and jalap purge, to be followed in three or four hours by ℥ss of magnesia sulphate. He was ordered to commence with the tincture of the chloride of iron in the afternoon, and take twenty drops of it every three hours. He was also placed in bed at once, and a thick paste of clay, as recommended by Dr. Hewson in the July number of THE BULLETIN, was spread over the affected portion of his face. His wife was directed to re-moisten it from time to time, and to keep it on for twelve hours. The good results were gratifying. The pain and burning stopped in about half an hour, the patient had a comfortable nap in the afternoon, and when the dressing was removed in the evening the swelling had subsided, and the greater portion of the redness had disappeared. His pulse had fallen to 85, and his temperature to 99°. He felt so well that he did not reapply the dressing, but continued the iron. He slept soundly all night. The next day he was out on the street, and returned to his work as usual on Monday morning.

## *BISMUTH SUBNITRATE.*

BISMUTH SUBNITRATE is not soluble in either water or alcohol, and only a minute portion of that which is swallowed is dissolved by the gastric and intestinal secretions, and absorbed into the general system. The remainder is decomposed during its passage through the alimentary canal, and finally excreted along with the feces as the insoluble sulphide. As bismuth subnitrate is without taste or odor it can be easily taken by children and fastidious adults. When possible it should be given in milk, but it may be suspended in

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glycerine, or administered in an emulsion with syrup of acacia, or placed as a powder upon the tongue.

The precise mode of its action is not known, but its therapeutic value is undoubted. It is a most efficient sedative to the mucous membrane of the stomach and intestinal canal. It is also a valuable astringent and absorbent, and possesses in a remarkable degree the power of restraining suppuration and inducing reparative action in open wounds or abraded surfaces. According to Trousseau, its administration is the basis of all rational treatment of gastric ulcers. It lessens the pain, favors cicatrization, and assists in the restoration of the mucous membrane to a healthy condition. It is equally serviceable in the treatment of duodenal and other intestinal ulcers. It is of especial value in subacute and chronic gastritis, and in gastralgia, due to an irritable condition of the terminal filaments of the pneumogastric. From ten to fifteen grains given before meals will frequently effect a cure in these diseases, when every other known method of treatment has failed. It has also been successful in the vomiting of dentition, the nervous vomiting of feeble people, and in the vomiting of pregnancy when due to a sympathetic irritation of the gastric nerves. It neutralizes the acidity, allays the vomiting, and frequently lessens the pain of gastric carcinoma. It is one of the most effective remedies for the acute attacks of gastro-intestinal indigestion of infants, and it may be prescribed with advantage in cholera infantum when the acute symptoms have subsided. Flatulent dyspepsia, acid dyspepsia, and pyrosis are frequently relieved by small doses of bismuth subnitrate. It is of marked value in the various forms of summer diarrhœa, and in the diarrhœa of infants. It can be depended upon to check the diarrhœa of phthisis and of typhoid fever, when opium and astringents have been found useless. Its good effect in these cases is probably due to its sedative and protective action upon the ulcerated surfaces of the intestines. It is equally beneficial and often curative in chronic diarrhœa, but it must be given in large doses and frequently repeated.

It is also a valuable remedial agent in the treatment of acute and chronic dysentery. Obstinate cases of these diseases, which have resisted all the ordinary remedies, may be relieved and frequently cured by the rectal injection of an emulsion, containing from half a drachm to a drachm of bismuth subnitrate.

It is an excellent local application in pharyngitis, stomatitis, and aphthæ. It may be applied directly to the parts as a dry powder, or in combination with glycerine. It is also of value in chronic laryngitis, and in ulceration of the larynx. In these affections a small quantity can readily be thrown upon the inflamed or ulcerated surfaces by means of an insufflator.

Bismuth subnitrate is a valuable remedy in the treatment of acute and chronic conjunctivitis, and granular lids. It may be inhaled into the nostrils with decided benefit in all stages of coryza and ozæna. Syphilitic and non-syphilitic ulcers of the septum nasi rapidly improve from its local application. Obstinate fissures of the nipple disappear under its use. Fissures of the anus, and some forms of painful hemorrhoids are also relieved by its local application. Injections of bismuth subnitrate may be resorted to with advantage in gleet and chronic gonorrhœa. They are also serviceable in vaginitis and obstinate leucorrhœa. Bismuth subnitrate has no superior as a dressing for old ulcers, and all forms of abraded or suppurating surfaces. By its use the formation of pus is checked, a healthy action inaugurated, and the healing process rapidly carried to a favorable end. Foul wounds, or wounds that will not heal by the first intention, can be most effectively treated by a layer of subnitrate of bismuth. A similar dressing is of benefit in burns and scalds. It relieves the pain, lessens suppuration, and hastens reparative action.

Bismuth subnitrate is an excellent dusting powder in intertrigo and vesicular eczema. Its ointment is an elegant and soothing application in erysipelas, and also in sunburn and other forms of simple acute dermatitis.

The ointment of the oleate of bismuth is an efficient remedy in all pustular eruptions. In sycosis it diminishes the congestion, relieves the distressing itching and burning, and often aborts the pustules. In acne and rosacea it allays the irritation of the skin, lessens the

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glandular engorgement, and frequently effects a cure of the most obstinate cases.

## SELECTED ARTICLE.

### *PENETRATING PISTOL-SHOT WOUND OF ABDOMEN; LAPAROTOMY.*

SUTURE OF INTESTINES—PELVIC HEMATOMA—RECOVERY.

BY JOHN B. HAMILTON, M.D.,

Supervising Surgeon-General U. S. Marine Hospital Service, Professor of Surgery University of Georgetown, etc.

NOTWITHSTANDING the manifest soundness of the arguments in favor of operative interference in case of penetrating wounds of the abdomen, the weight of modern authority as indicated in the surgical text-books is still against it, and it is only by the reports of cases where an actual test is made upon the human subject that the truth will ultimately prevail.

To the case recently reported by Dr. Bull, of New York, I now add the following:—

J. W. Wood, a mulatto, æt. 19, was accidentally shot by a pistol carrying a 32-calibre ball. The wound was received at 2.10 P.M., and he was taken to the Providence Hospital. There was considerable shock. I examined him at 4.20 P.M., and found that the missile had entered the skin about an inch to the right, and an inch above the navel. A flexible Nélaton probe following the track of the ball passed downward and inward under the rectus muscle and entered the abdominal cavity. The probe was withdrawn and the patient etherized. There were present Surgeon J. C. McKee, U. S. Army; Surgeon G. W. Stoner, Marine Hospital Service; and Dr. D. P. Hickling, the House Physician. The belly having been shaved, and washed with a solution of bichloride mercury, an incision was made in the linea alba about six inches long, the peritoneum raised and incised. A spurting artery was seen in the mesentery, and the abdominal cavity was full of blood. The artery was immediately tied with a fine catgut ligature, the intestines drawn out loop by loop, and the wounds stitched with Lembert's suture as fast as they could be reached. Eleven wounds requiring suture were found in the small intestines, and two in the ascending colon. The wounds varied in size from a mere nick in the wall of the intestine, to those where the ball had passed directly through it, and all were everted, the mucous surface pointing out.

There was no fecal extravasation, doubtless owing to the fact that less than two hours had elapsed from the time of the injury, but a canteloupe seed was seen and removed from the mesentery. The omentum was cut by the ball in several places, and as it was difficult to stop the oozing, a ligature was placed around the wounded mass and it was cut off. All sutures and ligatures used were the finest size of carbolized catgut. The abdominal cavity was then sponged with solution of bichloride of mercury, cleaned and dried, and the incision carefully closed with deep sutures of silver wire and superficial ones of silk. Narrow strips of adhesive plaster were then placed across the incision about an inch apart, a square of sublimated gauze laid upon it, and iodoform dusted over the gauze and the surface round about. A broad flannel bandage was then placed over the abdomen, the patient placed in bed, and as there was still some shock from the combined effects of the anæsthetic and the wound, he was surrounded with bottles of hot water. Reaction took place shortly, and he was given .06 gm. of opium every three hours.

Sunday, July 12th, 8 A.M.—Temperature 100.2° F., pulse 112, respiration 20. 6 P.M., temperature 100.8, pulse 138, respiration 24. General condition good, and had slept several hours during the day. Diet confined to beef tea.

Monday, July 13th, 8 A.M.—Temperature 101.6°, pulse 112, respiration 20. Patient restless, complained of pain in wound, and in right testicle. There was much tenesmus, and a gentle effort was made to administer an enema, but the small quantity of water thrown in was without effect. The frequency of the opium was then increased to .06 gm. every two hours. The abdomen was moderately distended. A lotion of lead and opium was applied to the painful testicle.

Tuesday, July 14th, 8 A.M.—Temperature 101.4°, pulse 112, respiration 20; 6 P.M., temperature 100.8°, pulse 112, respiration 20. The distension of abdomen increased. The patient was very restless, and complained of a throbbing pain in the wound. A rubber water coil was applied during the day, and at 6.30 P.M. the lower portion of the wound was

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reopened, and by suction with a syringe it was sought to ascertain whether pus was present or not. None was found, and after injecting the wound with the mercuric solution, it was again drawn together. The opium was then increased to .06 gm. every hour. Tympanites troublesome.

Wednesday, July 15th, 8 A.M.—Temperature 101°, pulse 104, respiration 16. Patient slept some during the night, but very restless. Tympanites still a source of great discomfort. 6 P.M., temperature 103°, pulse 124, respiration 28. Ether administered for the purpose of giving an enema; some fecal matter came away. The opium was then reduced to .06 gm. every three hours, and sherry wine every four hours. A flax-seed meal poultice was applied to the scrotum.

Thursday, July 16th, 8 A.M.—Temperature 100.5°, pulse 112, respiration 28. Patient had several stools during the night, had slept but little, was uneasy, and the tympanites great. At 6 P.M. temperature 101.2°, pulse 112, respiration 16.

Friday, July 17th, 8 A.M.—Temperature 98.4°, pulse 128, respiration 24. The patient had several stools during the night, which were exhausting and painful. To check the diarrhœal tendency gave

℞. Quiniæ sulph. . . . gr. xv.
Tr. kino.,
Syr. rhei aromat. . . āā ʒss.

M. et Sig.—Teaspoonful every three hours. Chicken broth substituted for beef tea.

6 P.M.—Temperature 101.5°, pulse 112, respiration 32. The tympanites still great, and a rectal tube was introduced without result.

℞. Ol. terebinth. . . . . ʒij.
Mucilaginis acaciæ . . . ʒij.

M. et Sig.—A teaspoonful every four hours. Opium discontinued.

Saturday, July 18th, 8 A.M.—Temperature 101.2°, pulse 112, respiration 24. Had five stools during the night, and the abdomen was quite free from tympanites. 5.30 P.M.—The patient had a convulsion lasting five minutes, and, as there had been no operation from the bowels during the day, the astringent mixture was stopped. Two silver sutures were removed and several silk ones. An exploring needle was introduced into the painful and swollen scrotum without result. 6 P.M.—Temperature 101°, pulse 112, respiration 24.

Sunday, July 19th, 8 A.M.—Temperature 100.6°, pulse 112, respiration 24. Exploring needle again introduced into the scrotum without result, and at 2 P.M. six leeches applied. Milk and lime-water added to diet, and as the diarrhœa had again set in, the astringent mixture was renewed. 6 P.M.—Temperature 100.8°, pulse 100, respiration 40.

Monday, July 20th, 8 A.M.—Temperature 100.2°, pulse 100, respiration 24. No stool during night, but large quantities of flatus passed. The testicle still painful, fluctuation present, incision made, pus to the amount of ten ounces was evacuated, and the cavity washed out with the compound solution of bromine. At noon the patient was cold, and extremities bathed in clammy perspiration. He was sponged with hot mustard water. At 4.30 P.M. one small stool was passed, containing two lumbricoid worms. 6 P.M.—Temperature 100°, pulse 100, respiration 28. At midnight, the coolness of extremities continuing, whiskey 16 gm. was given every hour.

Tuesday, July 21st, 8 A.M.—Temperature 99.8°, pulse 92, respiration 28. Whiskey stopped at 9 A.M. 4 P.M.—The patient had epistaxis. 6 P.M.—Temperature 100°, pulse 104, respiration 24.

Wednesday, July 22d, 8 A.M.—Temperature 99.6°, pulse 90, respiration 24. 6 P.M.—Temperature 100.2°, pulse 100, respiration 24.

Thursday, July 23d, 8 A.M.—Temperature 99.6°, pulse 88, respiration 24. Tongue furred. Ordered quiniæ sulph. .24 gm. three times daily. At 5 P.M., Dr. Hickling found the patient in great tenesmus, requiring bedpan constantly; only mucus passed the rectum, and an enema was ordered which returned about four ounces at a time. At 10 P.M., the tenesmus again coming on, the doctor made an examination and discovered a large tumor in the pelvis pressing on the rectum. A hypodermic injection of morphia was given and the patient slept four hours, after which the pain returned, and while on the bedpan he passed the bullet.

Friday, July 24th, 8 A.M.—Temperature 99.8°, pulse 88, respiration 20. The patient's general condition was very good. I examined the tumor through the rectum and found it to be a pelvic hæmatoma. As the tumor seemed quite solid at its upper portion, I felt quite confident that nothing but its breaking down would relieve the violent and almost constant tenesmus, so I passed a narrow-bladed knife through the rectum in the median

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line, about two inches within the anus, directly into the tumor. There gushed out at once about a pint and a half of thin, badly-smelling blood, and as the patient seemed so weak I did not complete the operation by passing an instrument into the puncture and breaking down the clot. In a few minutes another fit of tenesmus came on, during which about the same quantity of badly-smelling blood came out through the puncture, and I became anxious to control its flow, as the patient was almost in syncope; a plug of lint was inserted in the rectum above the puncture, and the portion below filled with ice. Hypodermic injections of whiskey with ammonia were administered. Hot beef tea given by the mouth, hot bottles placed around him, and the foot of the bed elevated. He revived and commenced to improve.

Saturday, July 25th, 8 A.M.—Temperature 101°, pulse 112, respiration 28. Patient still weak; the plug was removed from the rectum. Beef tea with milk punch every two hours. 6 P.M.—Temperature 100°, pulse 112, respiration 24.

Sunday, July 26th, 8 A.M.—Temperature 99.8°, pulse 104, respiration 28. Passed a small amount of feces during the night. The tumor could still be felt through the rectum, but only about one third the original size.

From this time on the patient steadily progressed toward recovery. On the first of August the hæmatoma had entirely disappeared, and he was discharged well on the eighth of August, and on that day went by rail to his home, near Charlottesville, Va.

The record of this case, kept so accurately by Dr. Hickling, I have transcribed at the risk of being tedious, but I do so that one may be impressed with the incalculable care and patience required to successfully treat these cases. In regard to the passage of the bullet, I had observed, when sewing up the last wound in the colon, that there was no counter opening, and as I could find no abrasion of the pelvic wall, nor of the iliac fossæ, I was forced to the conclusion that the bullet had remained in the bowel. I therefore gave orders that all fecal discharges should be carefully examined, which was systematically done from the time of the first discharge until the passage of the bullet.

As the patient's recovery prevented an actual observation of the cause of the hæmatoma, I can, of course, only offer a conjecture, and that is, that oozing continued from the mesentery, there was a large nick chipped out of the connective tissue next the small intestine in one place, which, as the ball did not penetrate the intestine nor rupture an artery, I did not think it worth while to tie in a mass. I now think the spot should have been touched with caustic or some styptic. The actual cautery could not have been used on account of the danger of penetrating the intestine. Had this cut received attention, it is possible that the pelvic hæmatoma with its attendant complications might have been avoided. This latter complication is scarcely mentioned in the surgical works, certainly not in connection with wounds of this character. Pelvic hæmatoma in the female, on the contrary, has a quite extensive literature, but I have not seen it prominently mentioned that its most aggravating feature is the pressure on the rectum accompanying it, It is not easy to thoroughly clean the abdominal cavity where there has been considerable hemorrhage. The surface of the bowels will be found smeared with blood, and the "toilet of the peritoneum" cannot be made with such perfection as it is possible to attain in ovariotomy, so that it is doubtful if the coming statistics of the operation will prove as favorable as in ovariotomy; but even with that disadvantage they will be vastly superior to the statistics of the wounds without operation.—*From the Journal of the American Medical Association.*

## CORRESPONDENCE.

### *THE ALLEGHENY COUNTY MEDICAL SOCIETY.*

DR. J. V. SHOEMAKER:

*Dear Sir:* At a meeting of the Allegheny County Medical Society of Pennsylvania, held August 25, 1885, the resolutions passed at the July meeting were rescinded, and the following preamble and resolutions, offered by Drs. Wood, Dunn, and Pollock, adopted:—

*Whereas*, in the unfortunate state of affairs now existing relative to the proposed meeting of the International Medical Congress, to be held in Washington, D. C., in 1887, it becomes the duty of every physician who has the welfare of the profession at heart to give the matters of difference calm and deliberate consideration, and

*Whereas*, The basis of organization of the International Congresses heretofore held has been broad enough to include the regular medical profession of all sections and countries, therefore be it

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*Resolved*, That we reaffirm our allegiance to the American Medical Society and its Code of Ethics.

*Resolved*, That we hereby indorse the action of the American Medical Association at its meeting in New Orleans, whereby *from its own membership* it added to the original Committee of Arrangements one member from each State and Territory, and from the Medical Corps of the United States Army and United States Navy and Marine Hospital service.

*Resolved*, That this Society indorses the action of the Committee of Arrangements at its recent meeting in Chicago, in deciding that all persons by it appointed to, or recommended for *official position* in said Congress, shall be members of Associations in *affiliation with, and therefore responsible to*, the American Medical Association.

*Resolved*, As the deliberate sense of the Allegheny County Medical Society of Pennsylvania, that the proposed meeting of said International Medical Congress should be organized on the same liberal and enlightened foundation as those preceding, and to that end we earnestly recommend the Committee of Arrangements to discard the Code question as far as *membership* is concerned, and to open the door to all members of the regular medical profession who may comply with the requirements of registration.

*Resolved*, That the secretary furnish a copy of the foregoing resolutions to the Secretary of Committee of Arrangements, to the Secretary of the American Medical Association, and that he shall also furnish copies of the same to the Journal of the American Medical Association, and to the Medical News for publication.

J. G. CONNELL, *Secretary*.

PITTSBURGH, Pa., August 26, 1885.

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## *OUR TEXAS LETTER.*

AUSTIN, TEXAS, August 8, 1885.

*Editor Medical Bulletin, Philadelphia.*

DEAR SIR: Since my last letter mighty events have transpired in Texas; the "rural deestricts" are being heard from. And now comes the Dallas County (Texas) Medical Association (at least some of its members), and speaking in the name of and for the Dallas County Medical Association, say: "We, the people of Texas," no, we, the Dallas County Medical Association, do respectfully whereas and resolute to the effect that while we are all of us Old Code men—friends and supporters of the American Medical Association—we do at the same time solemnly declare that the American Medical Association did "unwisely and untimely rescind its former action, which reactionary movement has deranged, if not indefinitely suspended, the work of the original committee, which was satisfactorily progressing," etc.; and, furthermore, we Old Coders and friends of the American Medical Association, exercising a paternal right over the said youngster—the American Medical Association—must say, and thereby give it a rap over the knuckles, that the "deplorable interregnum" has been "brought about, we believe, by an ill-considered, hasty action of the American Medical Association at the New Orleans meeting." This society is "fully satisfied with the work of the original committee;" further, "this society looks beyond a narrow-minded policy of personal aggrandizement and sectional interest, and heartily commends the recent action of our Philadelphia and New York brethren, and we pledge them our hearty support and good will in their efforts to"—to tear down the whole superstructure line of organized national medicine built upon the Code of Medical Ethics.

The presumption—a county society in Texas sets up its opinion against that of the American Medical Association and ex-Speaker Randall, and criticizes the action of the Association. It can be compared to nothing else in the heavens above, nor the waters beneath the earth, than to a magistrate's court disputing the decision of a high Court of Appeals, and begging leave to differ with said high Court of Appeals.

In view of the fact that Texas was represented at the American Medical Association meeting in New Orleans by sixty-nine delegates and as many more permanent members and applicants for membership—all of whom voted to sustain the action of the American Medical Association, amongst the number being two or more representative physicians from Dallas—this mighty matter took us somewhat by surprise. We are happy to be able to say that the delegates from Dallas to New Orleans, and who voted, as above stated, to support the American Medical Association in the course it took, did not subscribe to the resolutions passed at the Dallas County Medical Society meeting, yet the resolutions are promulgated in the name of the society. It is to be observed that no names are signed to this wonderful declaration of sentiment.

It does seem strange that most persons who are in sympathy with the New Code men should insist that the Code question was introduced into the controversy at New Orleans, and was the cause of the split, when the facts are that the clash between the original committee and the Association was primarily on the *right* of the committee to make *any* appointments at all. The committee claiming that the instructions under which they acted gave them plenary powers, they acted accordingly, while the Association, re-

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garding the committee as one of arrangements only, said to them in effect, "if you so understand the instructions, you misapprehend the wishes of the Association, for it was not so intended. This Association reserves to itself, through its Nominating Committee, or otherwise, the right to make the appointments to the offices of the Congress."

Thus the question of their being New Code men on the list of appointments made by the committee was a secondary matter, a side issue growing out of the usurpation of a function which belongs, by rule, precedent, usage, and custom, to the Nominating Committee, wherein all representatives in the Association have a voice.

The origin of the whole trouble was the failure or omission of this committee to meet again before publishing the list of appointments, thereby giving it the aspect of being the official action of the Association. At the Washington meeting of the committee, these names had been agreed upon by a sub-committee of three, we believe, to whom the matter had been left. That sub-committee surely should have reported to the full committee, and the full committee should, in ordinary courtesy, have submitted to the Association the list for approval or ratification, before proceeding to publish it. Had this been done, as was clearly the proper course, the committee would have been spared the reprimand—the reminder that they had been a little too smart, and thus all the sequences which have resulted from that reminder would have been avoided.

By this failure or omission to "report progress" before announcing their action as final, the American Medical Association was placed on the defensive. The Association was given the alternative of submitting to a flagrant wrong —a high-handed usurpation of one of its highest and most responsible prerogatives, on the one hand—or of saying gently to the committee, "beg pardon, gentlemen, the Association reserves the right to appoint the members of the Congress, and, as it is proposed to do so, as is customary, through the Nominating Committee, in order that all representation by membership may have a voice, the Association does not approve of your having done so without its knowledge or consent, and particularly as you have seen fit to make all, or nearly all of the appointments from a few northeastern cities, including a set of men who have openly repudiated the Code of Ethics of this Association, thus placing themselves outside the pale of recognition by this Association."

The Association, we say, was given the choice of being made to condone a usurpation of its own functions, whereby aliens had been placed in the highest offices of the Congress, or of making somebody mad. Thus it will be seen by all fair-minded and unprejudiced persons that the Code question, instead of having been introduced into the matter of organizing the Congress by us, *i.e.*, the Association and its friends, as repeatedly charged by the disgruntled, was really forced upon the Association by the committee itself. The Association has been placed in the position of a certain little boy named Johnny. Tommy sings out, "Ma, make Johnny *behave* hisself!" "What's Johnny doing, my son?" "Why, every time I hit him on the head with this tack hammer, he—he hollers!" The American Medical Association must now be made to apologize for objecting to the perpetuation of an act whereby its enemies were to be foisted upon it as its chosen representatives in an International Congress.

The failure on the part of the Sub- or Executive Committee of three, to whom was intrusted the selection of officers with instructions to report back to the full committee to comply with its instructions in that regard; the utter failure of the committee to report to the American Medical Association what its Executive or Sub-Committee had done or proposed to do before publishing the whole thing as final action, and creating the impression that it had the sanction of, or was done by authority of the American Medical Association, gives to the charges made by Dr. Shoemaker, of bargain and collusion, on the part of the committee, with the New Code Men at Copenhagen, a very strong appearance of probability, to say the least of it. If the committee had not promised or agreed,—in consideration of, we do not know what, perhaps assistance in securing consent to accept the invitation to meet in America,—to see that these New Code men were appointed to prominent positions (as charged by Shoemaker), why, we ask, was the committee so very over anxious that they should be? If, we say, the committee did not feel a sense of obligation, why did they insist to such an extent that Dr. Flint had to threaten to resign? and, even after promising Dr. Flint that they would cease to urge a certain particular objectionable New-Coder, why, I say, did they hasten to forestall any objection on the part of the Association,—fail to report, as promised, to the full committee,—but hurried to consummate the thing with a most unnecessary and unbecoming haste? Although most of the members at New Orleans, who objected to this game, were generous enough to acquit the committee of any intention of wrong-doing, it looked very much as if Shoemaker's assertions were true to the letter. Thus was the "Code Question" dragged into the controversy by those who now complain that it should not have been, and not by the Association itself nor by any of its members. And I want

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to say right here, that all the stuff about "language unfit for print" having been used during the debate, and about "putting a noose around the New Code men's necks," is all the sheerest nonsense, and had no other existence except in the fertile brain of the American Practitioner, the Philadelphia News, and a few of that sort. Dr. King, of Missouri, said he was in favor of cutting off the heads of the New Code men about in the way we speak of official decapitation. The American Practitioner says, the "agitators spoke often and well." They certainly spoke earnestly in defence of principle, honor, and right, and urged the Association not to condone an act of usurpation of authority, whereby they would forever let go out of their hands the exercise of one of its highest and gravest prerogatives, and thus establish a dangerous precedent. Dr. Shoemaker spoke first, Dr. Daniel next, Drs. Saunders, Keller, King, Quimby, Bird, Hamilton, and others, followed, and though there was much warmth and earnestness in their speeches, I protest and deny that any violent or discourteous or offensive language was used.

But to return. The question as it stands today is reduced to one of expediency, the concurrence of legal opinion being that the American Medical Association "was competent" to take the action it did; but the question has been asked, "Was it wise?" Was it to the best interest of the profession of the United States that the Association should follow rule and precedent and custom, and reserve to itself the appointing of the officers of the Congress? or, as a matter of "expediency," rather than offend a few who had appropriated to themselves, and a coterie of New Code friends, all the most important positions, put expediency above right, submit to a flagrant wrong, let pass unrebuked a high-handed act, and thus put on record a precedent whereby any committee of arrangements in future may, with impunity, transcend its instructions and set at naught the authority of the Association, whence it derived its existence?

Perhaps, if all this furore and dissatisfaction could have been foreseen, many conservative members would have counseled the latter course; would have sacrificed right and principle to expediency and policy. But who could have foreseen such an unreasonable occurrence? Who could have anticipated that a lot of gentlemen of intelligence would do an act more becoming a petulant school-boy,—one for which no reason can be assigned? Men usually have motives for acts, great and small. If you contemplate doing a certain thing, you can calculate what another will do, as a result of your action, by putting yourself in his place and judging of what he will do by what you would do if similarly situated. But, in this instance, you would never have supposed conduct like that which has followed the Chicago meeting, by a few physicians, possible. They having assigned no reason, must have acted from impulse, and we are left to infer even what the impulse was. Was it vexation and spite at being thwarted in a game which had not the sanction of the law or of the Association, but which gave them and their friends all that is desirable in connection with the International Congress? Was it sympathy with the New Code men? Very evidently it was; yet how many of the bolters—members of the American Medical Association — are willing to acknowledge it? Yet, take away that as a cause for their dissatisfaction, and only one other possible cause remains that we can see, and that is, dissatisfaction at Dr. Shoemaker's appointment! Who appointed Dr. Shoemaker? The Pennsylvania delegation, representing the entire medical profession of that great State, chose him to represent and speak for them, and this choice was ratified by a majority of the Committee of Arrangements representing each State, and therefore representing a majority of the reputable, ethical profession of America! "Unpopular!" forsooth,—that looks like unpopularity!

If the profession of the State of Pennsylvania had wanted Dr. I. Minis Hays, or any other man as representative of their sentiments, why did they select Dr. Shoemaker? If he is so particularly objectionable as secretary of the Committee of Arrangements, a position declined by Dr. Billings when put in nomination at Chicago (secretary, we say, of the Committee of Arrangements, and not secretary-general of the Congress, as the disingenuous New Code organs would make believe, though they know better), why was he elected? Because he was the choice of the majority, and in this country all law-abiding and peace-loving citizens feel in honor bound to obey the voice of the majority!

## MEDICAL NEWS AND MISCELLANY.

DR. JAMES C. WHITE has removed to 259 Marlborough Street, Boston.

DR. S. J. RADCLIFFE, of Washington, D. C., has removed to 1523 K. Street, N. W.

DR. L. M. BINGHAM, of Burlington, Vt., has been elected Professor of Surgery in the University of Vermont.

DR. JAMES F. HIBBERD, of Richmond, Ind., has received the degree of LL.D. from the Indiana State University.

DR. JULIUS POHLMAN, of Buffalo, N.Y., has been appointed Lecturer on Physiology in the Buffalo Medical College.

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DR. VINTRAS, Senior Physician of the French Hospital, London, has been appointed an officer of the Legion of Honor.

DR. W. F. GLENN, Professor of Physiology in Nashville Medical College, was married on June 18th to Miss Addie Burns.

DR. HENRY WILE, late Clinical Assistant in Dermatology in the University of Pennsylvania, has removed to Atlanta, Ga.

PROF. S. OAKLEY VANDER POEL will deliver the Alumni Lectures, for 1886, before the Alumni Association of Albany Medical College.

DR. EDWARD HARTSHORNE, one of the most prominent physicians of Philadelphia, died on June 22d in the sixty-eighth year of his age.

THE SANITARY MONITOR, which is ably edited by Dr. J. F. Winn, is a new journalistic venture at Richmond, Va., and will be devoted to sanitary science.

DRS. J. L. LUDLOW and N. Hickman, of Philadelphia, have been appointed members of the Board of Pension Examining Surgeons; Dr. H. E. Goodman, of the same Board, has been reappointed.

DR. W. K. BOWLING, ex-President of the American Medical Association, and one of the most eminent practitioners of medicine in the United States, died at his residence, near Nashville, Tenn., on August 6th.

W. R. WARNER & CO. have received the first premium at the World's Exposition, New Orleans, for the great uniformity and solubility of their sugar-coated pills. This is the ninth World's Fair prize which attests to their excellence.

THE Commissioners of Public Charities of Louisville have established a Gynecological Department in the City Hospital, and placed it under the charge of Professor W. H Wathen, Dean of the Kentucky School of Medicine.

LUCIUS E. SAYRE, Ph. D., of Philadelphia, has been elected to the Chair of Pharmacy in the Kansas State University. Professor Sayre is well known as one of the most skillful pharmaceutical chemists of this city, and has a national reputation as an author and lecturer.

THE CONNECTICUT STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, E. C. Kinney, of Norwich; Vice-President, Samuel Hutchins, of Danielsonville; Treasurer, E. P. Swasey, of New Britain; Secretary, S. B. St. John, of Hartford.

THE AMERICAN OPHTHALMOLOGICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. F. Norris, Philadelphia; Vice-President, Dr. Hasket Derby, Boston; Secretary and Treasurer, Dr. O. F. Wadsworth, Boston; Corresponding Secretary, Dr. J. S. Prout, Brooklyn.

THE MEDICAL CHRONICLE, of Baltimore, has become consolidated with the Philadelphia Medical Times. Dr. George H. Rohe will assist Dr. Woodbury in the management of the latter journal, which, in token of its increased scope and non-sectional character, will hereafter be known as The Medical Times.

THE following solution for the subcutaneous injection of iron in anæmia is recommended by Dr. Martinetti, in whose hands this treatment has met with success. The dose is one cubic centimetre each injection—

℞. Ferri citratis recentis . 2 grammes.
Aquæ laurocerasi . 20 grammes.
M.

THE OHIO STATE MEDICAL SOCIETY, at its last annual session, elected the following officers: President, W. Morrow Beach, of London; Vice-Presidents, Drs. H. C. Gill, H. R. Kelly, Thomas Mackebright, and J. D. Robinson; Treasurer and Librarian, Dr. T. W. Jones, of Columbus; Secretary, G. A. Collamore, of Toledo; Assistant Secretary, Dr. E. C. Brush, of Zanesville.

DR. MAURIAC gives the following solution for dressing cutaneous eruptions, such as syphilides and mucous patches—

℞. Chloral hydrat. . 5 grammes.
Tincturæ eucalyptus 10 grammes.
Aquæ destillatæ . 500 grammes.
M. S. —Ft. solutio.
—*Paris Correspondence Phila. Med. Times.*

THE MISSISSIPPI VALLEY MEDICAL SOCIETY will meet at Evansville, Ind., September 8th, 9th, and 10th, 1885. The officers are: President, Dr. F. W. Beard, Vincennes, Ind.; First Vice-President, Dr. A. B. Miller, Mo.; Second Vice-President, Dr. J. A. Sutcliffe, Ind.; Third Vice-President, Dr. E. H. Luckett, Ky.; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Assistant Secretary, Dr. H. J. B. Wright, Ill.

THE MICHIGAN STATE MEDICAL SOCIETY, at its twentieth annual session, elected the following officers for the coming year: President, Dr. E. P. Christian, of Wyandotte; Vice-Presidents, Dr. Patterson, of Charlotte, Dr. Carstens, of Detroit, Dr. Griswold, of Grand Rapids, Dr. Alvord, of Battle Creek; Treasurer, Dr. A. R. Smart, of Hudson; Secretary, Dr. George E. Ranney, of Lansing.

THE KENTUCKY STATE MEDICAL SOCIETY, at its last annual meeting, elected the following officers: President, J. P. Thomas, M.D., Pembroke; Senior Vice-President, J. A. Shirley, M.D., Winchester; Junior Vice-President, R. C. McCord,

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M.D., Lebanon; Permanent Secretary, J. Steele Bailey, M.D., Stamford; Assistant Secretary, Fayette Dunlap, M.D., Danville; Treasurer, Ed. Alcorn, M.D., Hustonville; Librarian, J. S. Taylor, M.D., Warren County.

GLYCERITE OF ALUM.—Dr. R. W. Walker (British Medical Journal) says a valuable astringent can be made by dissolving one ounce of alum in five ounces of glycerine by means of gentle heat. The preparation thus made is four times as strong as a saturated aqueous solution. It can be used as a gargle, injection, or lotion, whenever a powerful astringent is needed. Dr. Walker has found it very efficacious as a gargle in several cases of chronic pharyngitis.

DR. AUVARD finds the following to be the best antiseptic for use in those annoying cracks in the mammary gland that so often finish by suppuration—

℞. Aquæ destillatæ . 200 grammes.
Acid. boric. . . 6 grammes.
M.

Apply on a compress, and cover over with a wad of cotton. It will take away all pain and inflammation, and is less dangerous than corrosive sublimate.

MIAMI MEDICAL COLLEGE.—W. H. Taylor, M.D., Professor of Obstetrics and Clinical Midwifery, has been elected Dean of the Faculty. Dr. N. P. Dandridge has been appointed Professor of the Practice of Surgery and Clinical Surgery. Dr. W. A. Rothaker has been elected Professor of the Principles of Surgery and General Pathology. Dr. Daniel Millikin, of Hamilton, Ohio, has been appointed Lecturer on Hygiene and Medical Jurisprudence.

MEDICAL COLLEGE OF OHIO.—Hon. W. F. Force, President of the Board of Trustees, has been appointed Lecturer on Medical Jurisprudence. Philip Zenner, A.M., M.D., has been made Clinical Lecturer on Nervous Diseases. Frederick Kehler, M.D., will deliver a series of lectures on Hygiene in addition to his lectures on Pathology. Dr. W. B. Percival, of the Class of 1883, has been elected Professor of Chemistry in the University of Southern California, at Los Angelos.

BRITISH MEDICAL ASSOCIATION.—The fifty-third annual meeting of the British Medical Association was held in Cardiff, on July 28th, 29th, 30th, and 31st, James Cuming, M.D., F.K.Q.C.P., of Belfast, President; W. T. Edwards, M.D., F.R.C.S., of Cardiff, President-elect. The address in Therapeutics was delivered by W. Roberts, M.D., F.R.S. The address in Surgery was delivered by John Marshall, F.R.C.S., F.R.S. The address in Public Medicine was delivered by Thomas Jones Dyke, F.R.C.S.

THE ILLINOIS STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. A. Byrd, of Quincy; First Vice-President, Dr. W. T. Kirk, of Atlanta; Second Vice-President, Dr. A. Wetmore, of Waterloo; Permanent Secretary, Dr. S. J. Jones, of Chicago; Treasurer, Dr. Walter Hay, of Chicago; Judicial Committee, Dr. E. Ingals, of Chicago, Dr. F. B. Haller, Vandalia, Dr. W. Hill, Bloomington; Assistant Secretary, Hiram Luce, Bloomington; Members of Committee of Arrangements, J. L. White, T. F. Worrell, Lee Smith, A. T. Barnes, William Hill, of Bloomington.

MISSOURI MEDICAL COLLEGE.—The following changes have been made in the faculty of Missouri Medical College. Dr. G. B. M. Maughs has resigned and been made Emeritus Professor. Dr. G. A. Moses will take his place as Professor of Obstetrics and Diseases of Women. Dr. J. P. Kingsley has been elected Professor of Materia Medica, Therapeutics, and Diseases of Children. Dr. Ludwig Bremer has been elected Professor of Physiology, Histology, and Pathological Anatomy, and Director of the Biological Laboratory. Dr. A. V. L. Brokaw has been appointed Assistant Demonstrator and Clinical Assistant to the Chair of Surgery. Dr. Justin Steer has been elected Lecturer on Clinical Medicine.

THE THIRD ANNUAL MEETING OF THE AMERICAN RHINOLOGICAL ASSOCIATION will be held in Lexington, Ky., October 6th, 1885. The papers and discussions will be devoted exclusively to the diseases of the nasal passages and their sequences. Officers for 1885: President, P. W. Logan, M.D., Knoxville, Tenn.; First Vice-President, A. De Vilbis, M.D., Toledo, Ohio; Second Vice-President, J. A. Stucky, M.D., Lexington, Ky.; Recording Secretary, C. A. S. Sims, M.D., St. Joseph, Mo.; Librarian, N. R. Gordon, M.D., Springfield, Ill.; Council, J. G. Carpenter, M.D., Stanford, Ky.; H. Jerard, M.D., East Lynne, Mo.; H. Christopher, M.D., St. Joseph, Mo.; E. F. Henderson, M.D., Los Angelos, Cal. Information concerning the full programme, membership, papers, attendance, etc., may be learned from any of the above officers of the Association.

BRUCINE AS A LOCAL ANÆSTHETIC.—Dr. Thomas J. Mays (Therapeutic Gazette) says, a ten per cent. solution of brucine will relieve the scalding on the tongue caused by cayenne pepper; and a five per cent. solution acts very readily in aphthæ of the mouth. The same solution cured a toothache in an old stump in a few minutes.

On the cutaneous surface its action is the most decided and definite. On the back of the hand even the weaker solutions produce a benumbing effect, while a ten or twenty per cent. solution causes a very marked impairment of sensibility.

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Dr. Mays applied croton-oil liniment to the arm, and in the course of six hours two applications of a five per cent. solution of brucine relieved the itching and pain, and the pustulation also seemed to disappear from that time on. The same solution gave immediate relief to the intense pain caused by a too lengthy application of a mustard plaster. He applied a five per cent. solution in two cases of pronounced cutaneous pruritus, which was in all probability a reflected condition, dependent on some uterine irritation, with marked relief in both of them.

PARACENTESIS OF THE PERICARDIUM.—Dr. Thomas F. Raven (Lancet) reports a case of purulent pericarditis, in which the pericardium was aspirated three times. About a quart of pus was withdrawn on each occasion with marked temporary relief. Incision of the pericardium and drainage were then proposed, but the patient declined further interference, and, as his condition seemed almost hopeless from the first, it was not pressed. He lived for a week after the last operation.

At the *post-mortem* examination a much thickened and dilated pericardium was found, containing more than two pints of sweet, well-formed pus, with some flocculent masses. The surface of the pericardium was roughened. An old adhesion existed between the heart's apex and the pericardium, of dense fibrous tissue. By distension of the bag of the heart, this adhesion had become stretched out to the length of two inches. The heart was healthy; the liver was depressed by the distended pericardium; both lungs were engorged and œdematous, but not hepatized. A small abscess was found in the left lung at the extreme base.

MALARIAL PARALYSIS.—Dr. C. B. Stockwell recently presented an interesting paper before the Michigan State Medical Society, on "Functional Paralysis (motor and sensory) of the Extremities, due to Malarial Poisoning." A *résumé* of seven cases was given, six of which had been under the writer's care, and were observed during the past six years. An analysis of the cases showed various functional disturbances of the nerves in the extremities, ranging from slight coldness and numbness to complete loss of sensation and volition. All four extremities, from elbows and knees down, were involved in five of the seven cases, the lower extremities alone in another, and the most of one side in the remaining one. The latter two were cases of both motor and sensory paralysis. The others were chiefly, if not entirely, cases of sensory paralysis. The region over the mental foramen was implicated in these cases. The tongue was involved in one.

The attacks, almost without exception, occurred in the spring and fall. Increase of temperature and pulse was not marked in any case, and almost absent in some. The intellectual faculties were not disturbed. No tenderness over any part of the spine could be found. The periodicity was marked, being either quotidian, tertian, or weekly. In one case a paroxysm came on each Thursday morning for eight successive weeks, lasting not over twenty-four hours. In another the paroxysm came on every Tuesday. The cases yielded readily to antiperiodics, and recovery was perfect in all.

TYROTOXICON (Cheese Poison).—Dr. V. C. Vaughan presented to the Michigan State Board of Health, on July 14th, a report of his investigations on poisonous cheese. It is well known that cases of severe illness frequently follow the eating of cheese.

The symptoms, as reported by German and American physicians, agree quite closely, and are as follows: Dryness of the mouth and throat, with a sense of constriction, nausea, vomiting, diarrhœa, headache, sometimes double vision, and marked nervous prostration. In rare instances the sufferer dies from collapse. As a rule, recovery occurs in a few hours, or, at most, after a few days. The symptoms of cheese poisoning and those of sausage, canned meats, and fish poisoning are very similar, though death results more frequently from the others mentioned than from cheese poisoning.

The samples of cheese examined had no peculiarities of appearance, odor, or taste, by which it could be distinguished from good cheese.

There is no certain means, aside from a chemical examination, by which a poisonous cheese can be distinguished from a wholesome one. The most reliable ready method is probably that proposed by Dr. Vaughan a year ago, and it is as follows: Press a small strip of blue litmus paper (which can be obtained at any drug-store) against a freshly-cut surface of the cheese; if the paper is reddened instantly and intensely, the cheese may be regarded with suspicion. When treated in this way any green cheese will redden the litmus paper, but ordinarily the reddening will be produced slowly and will be slight. If the piece of cheese be dry, a small bit should be rubbed up with an equal volume of water, and the paper should then be dipped in the water. Dr. Vaughan does not regard the above test as free from error, but as the most reliable ready means now known.

*Nature of the Poison.*—Dr. Vaughan has succeeded in isolating the poison, to which he has given the name of tyrotoxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese. The poison was obtained in long, needle-shaped crystals, which are freely soluble in water, chloroform,

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alcohol, and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp, stinging pain at the point of application, and in a few minutes dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting, and diarrhœa.

The first step in the study of cheese poisoning has been taken by finding out what the poison is. Efforts will now be made to ascertain the means for preventing its formation.

NEW CODE ETHICS.—The following correspondence, from the Journal of the American Medical Association, needs no comment:—

*To the Editor of the Journal:*

DEAR SIR: I enclose herewith a letter addressed by me to the editor of the Record a few days since. You will see he made a perfectly gratuitous attack upon my professional integrity, and when requested, through a perfectly polite note, to publish my denial of it, he attempts to add insult to injury by declining to do so, and pronouncing my note discourteous. I beg that you will do me the favor to give my note to Dr. Shrady a place in your journal, in order that I may be set right before my professional brethren.

Very truly and respectfully,

A. Y. P. GARNETT.

WASHINGTON, D.C., August 2d, 1885.

*To the Editor of the Medical Record:*

DEAR SIR; Upon my return to the city to-day my attention was called to the following paragraph, which appears in your issue of the 18th inst.:

"CONSULTING WITH HOMŒOPATHS.—The wife of Mr. Bayard, Secretary of State, has been lying ill at Wilmington, Del., under the care of a homœopathic physician, Dr. Argendank. The daily papers assert that regular physicians, among them Dr. Gardiner (Garnett?), of Washington, have been in consultation with the physician in attendance."

As you are the zealous and aggressive organ of the New Code sect, who advocate and practice such professional association, I am constrained to believe that the introduction of my name in this connection was intended as a high compliment to me. It is, therefore, with feelings of deepest chagrin and regret that I find myself compelled, by a regard for the truth, to confess to you that I have never either seen or spoken with the lady referred to, and consequently could not have enjoyed the privilege of participating in a consultation so unequivocally commended by you.

Very respectfully yours,

A. Y. P. GARNETT, M.D.

WASHINGTON, July 24th, 1885.

MY DEAR SIR: As your suggested charge that I had been in consultation with a homœopathic physician has been sent broadcast to the professional world, I trust you will recognize the justice and propriety of giving equal publicity, through the columns of your journal, to the enclosed reply.

Very truly and respectfully,

A. Y. P. GARNETT.

To Dr. Shrady.

WASHINGTON, D.C., July 25th, 1885.

# BOOK REVIEWS.

*Perils of American Women, or a Doctor's Talk With Maiden, Wife, and Mother.* By G. L. AUSTIN, M.D., with a Recommendatory Letter from MRS. MARY A. LIVERMORE. Boston: Lee & Shepard, Publishers. 1885.

A non-professional work for female readers. It is readable and chaste in style, sound in its doctrines, and, in short, one of the very best works of the kind we know of.

*The London Medical Student, and other Comicalities.* Selected and composed by HUGO ERICHSEN, M.D. Published by Dr. H. Erichsen, 11 Farmer Street, Detroit, Mich. Price, $2.00.

This book is a reproduction of a series of papers that appeared in London Punch about fifty years ago, to which is appended a large number of medical anecdotes clipped from the various journals. Many interesting anecdotes are well compiled in this volume, although occasionally at the expense of chastity.

*The Medical Directory of Philadelphia, Pennsylvania, and Delaware, and the Southern Half of New Jersey.* P. Blakiston, Son & Co., 1012 Walnut Street, 1885. Price, $2.50.

The names and addresses of all members of the medical, dental, and pharmaceutical professions in this city and the adjoining States named, are given most accurately, fully up to the present time. The educational institutions, societies, hospitals, and dispensaries, general and special, and in fact all and everything that concerns the medical profession, here receive notice. The directory is not only useful, but a necessity to all physicians, dentists, and pharmacists practising within the limits that it covers. It is neat, compact, and practically arranged.

*The Physician Himself, and What He Should Add to His Scientific Acquirements in Order to Secure Success.* By D. W. CATHELI, M.D., late Professor of Pathology, College of Physicians and Surgeons, Baltimore, Md. Fourth edition. Octavo, 284 pages, $2.00. Cushings & Bailey, Publishers, 262 W. Baltimore St., Baltimore, Md.

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The fact that this work has already reached a fourth edition proves that its appearance was timely and its contents valuable.

Nearly every page is full of the best advice and no mistake can be made in following its precepts.

Every young physician, and many old ones, need a copy of this work. Its style is attractive, its typography excellent, and its success well deserved.

*A Treatise on Abdominal Palpation as Applied to Obstetrics, and Version by External Manipulations.* By A. PINARD, Associate Professor in the Faculty of Medicine in Paris, etc. Translated by L. E. NEALE, M.D., Demonstrator of Obstetrics in the University of Maryland, etc. New York: J. H. Vail & Co., 21 Astor Place, 1885.

Until Dr. Neale translated the classic work of Dr. Pinard, there was no complete treatise on abdominal palpation in the English language; hence the appearance of this little work is very timely. The translator has faithfully and eloquently followed the original work, thus giving us in a very acceptable form the most valuable literature on this attractive branch of obstetrics. To every accoucheur this book will be found a valuable aid, and to students of the University of Maryland it will be indispensable.

*Tracts on Massage. No. 1. The Art of Massage.* Translated from the German of RIEBMAYER, with Notes. By BENJAMIN LEE, A.M., M.D., Ph.D., late President of the American Academy of Medicine, Member of the American Medical Association, etc. Published by Benjamin Lee, A.M., M.D., Ph.D., Philadelphia.

Riebmayer well says that massage is an auxiliary method of treatment which is adapted to the present skeptical age. Beneficial results follow its employment so immediately, being often not only visible to the eye but recognizable by the touch, that the most stubborn unbeliever is compelled to acknowledge its value. It must, however, be applied at the appropriate time, and in a systematic manner. In many cases the manipulation, to be effective, must be made directly over the affected part, while in other cases it is of more advantage to first manipulate the contiguous healthy tissues. The practical reasons for this difference in procedure, as well as an elaborate description of the best methods of performing cervical, abdominal, and general massage, are detailed in Dr. Lee's admirable and instructive translation, which we commend to our readers as worthy of their most careful attention.

*A Guide to the Diseases of Children.* By JAMES FREDERICK GOODHART, M.D., F.R.C.P. Revised and edited by LOUIS STARR, Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1885.

The American edition of Dr. Goodhart's work on diseases of children contains not only the valuable views of the author, but also much practical material from the editor, Dr. Louis Starr. The author has carefully confined his description of the various diseases treated simply to childhood, and has thus wisely omitted much that usually makes books on diseases of children too extensive and not sufficiently practical.

The author and editor have both laid especial stress upon the treatment of all the affections which are also briefly but well described. Among the most useful subjects that have received most careful attention, is that of diet of children in health. If it is necessary, adds Dr. Goodhart, to make any addition to the breast milk, good cow's milk may be tried first, and it is to be diluted with an equal part of water slightly sweetened with sugar of milk or lump sugar, six tablespoonfuls to be given at a meal. The other additions to milk, as well as the consideration of all forms of food for children, and the intervals at which to administer them, are clearly and well set forth in this same chapter. The additions made by the editor to the treatment of each affection are of great value, especially to the general practitioner, and show a practical knowledge of the subjects so ably treated. An appendix of formulæ at the end of the work is most useful for rapid reference.

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## *NEW PUBLICATIONS RECEIVED.*

The Spinal Arthropathies (A Clinical Report of Six Cases of Charcot's Joints), with Illustrations, by A. Sidney Roberts, M.D., Surgeon to the Philadelphia Hospital, etc. Reprint from Medical News.

Medical Jurisprudence in Divorce, by Carl H. Von Klein, A.M., M.D., Dayton, Ohio. Delivered by invitation before the Ohio State Bar Association. Reprint from Journal American Medical Association.

Bacterial Pathology. A series of papers on the Exhibits at the Biological Laboratory of the Health Exhibition, under the charge of Watson Cheyne. Reprint from the Lancet. The Industrial Publication Company, New York.

Circulars of Information of the Bureau of Education. 1. City School Systems in the United States, by John D. Philbrick, LL.D. 2. Planting Trees in School Grounds and the Celebration of Arbor Day, by Dr. Franklin B. Hough and John B. Peaslee.

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IMPERIAL GRANUM.—Among the many preparations that are used as adjuncts to milk as food, the Imperial Granum has acquired an enviable reputation. It is prepared from very superior growths of wheat, is highly nutritious, readily retained by weak and irritated stomachs, and is easy of digestion and assimilation. It is well adapted to infants which cannot be supplied with good milk—some children seem to thrive better on it than on the mother's milk; to the aged and infirm, whose digestive organs are weak; but especially to children in cities, during their second summer, when so many die for want of suitable food. In many cases children, rapidly failing from "summer complaint," have been restored to health and strength by the use of this admirable preparation.

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THE HYDRANGEA ARBORESCENS.—The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., St. Louis, have combined the active elements of the plant with lithia, in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. In the Chicago Weekly Review two cases of rheumatic gout with renal complications are reported by Dr. F. S. Senier, of Waukesha, Wis., where this preparation in doses of a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Medical and Surgical Reporter, Philadelphia.*

I BEG leave to recommend Celerina as an excellent restorative after alcoholic excess; an aphrodisiac of exceptional merit, and an antispasmodic in hysterical manifestations and other functional nervous disorders.

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CONCENTRATED FOODS.—Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy also for constipation and chronic diarrhœa resulting from mal-nutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alteratives known—such as iodides, bromides, and chlorides, and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company of New York bears a high name, and this has been still further emphasized by the award of the Gold Medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats), the only preparation composed of these three cereals. Professor Charles R. C. Tichborne, after an examination of the principal unfermented extracts of malt in the market, finds that Maltine is the richest in two of the most important ingredients in these foods—namely, the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: Five and a half per cent. of flesh-formers, seven per cent. of heat-givers, two per cent. of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet.

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

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## A CLINICAL LECTURE.

### *LEAD PARALYSIS; ALCOHOLIC PARAPLEGIA.*

DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY CHARLES K. MILLS, M.D.

Neurologist to the Philadelphia Hospital, and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first patient I present to you this morning is a woman, aged about thirty years. She enjoyed good health and fair looks until about five years ago, when, with the view of improving her appearance, she resorted to the use of a cosmetic which was largely composed of carbonate of lead. This was powdered on the face once or twice a day, and its use continued for two years. She then began to suffer with attacks of colic and spells of nausea and vomiting. These lasted for a week at a time, and would disappear under treatment. The attacks recurred sometimes as often as once a month, and sometimes only once in two or three months. She continued in this way until about one year ago. She then had a spell of colic which kept her in bed for a week, and one morning, on attempting to take hold of something, she found that she had partly lost the use of her forearms and hands.

We have in this case, what is often wanting in nervous affections, a clear history of a cause and a continuing cause. We have the history of some symptoms pointing in a given direction, but perhaps we have omitted to obtain details of other conditions. Let us investigate further. She has had no headache. She had pains in the limbs and also tremor in the hands, but this was before the occurrence of the present trouble. She has no affection of sight or hearing, and she has never lost control of the bladder or rectum. There has been no loss of sensation and no numbness. We seem to have elicited all the symptoms that are present.

A year ago, then, she discovered that she had lost power in the arms, although she was able to go about. For more than six months this loss of power gradually grew worse, but during the past five months she has been getting better.

What is the present condition of the patient? As I have said, she has improved to a considerable extent, but symptoms enough remain to enable us to make a clinical study of the case. In the first place, we can dismiss everything but the upper extremities. She has no trouble in the face, and nothing is wrong with the legs. As you see, she is able to extend the hands, although not perfectly. Three months ago she could not do this. At that time she had complete bilateral wrist-drop. Some weakness is still very evident. Observe the manner in which she extends the hand, and you will see that in so doing she calls into play certain muscles not usually concerned in the execution of this movement. Here, it seems, that the muscles supplied by the ulnar, and even by the median nerve, come in to assist the enfeebled extensor muscles, whose controlling nerve is the radial.

What have we in this case? Of course, many of you at once recognize its nature. It is what is commonly termed "lead palsy."

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Such a case is always of interest from the question of its curability or non-curability. Most cases are curable. It is also of interest often in regard to diagnosis. Here, the history is so clear, that it alone would enable the diagnosis to be made, but you should not rely exclusively on the history; for instance, there may be a clear history of syphilis in a given case, and yet the existing paralysis may have no connection with that fact. Here, however, we have not only the history, but also the occurrence of symptoms which point in the same direction. The fact that this is a case of bilateral extensor paralysis confined to the arms is strongly in favor of the diagnosis of lead palsy. Lead may affect the system in many other ways. It occasionally affects both legs and arms, and in rare cases it affects one arm instead of both. In this instance one upper extremity is involved more than the other.

What is the nature of this affection? Have we here a case of myelitis, or are the symptoms due to some other pathological condition? These cases undoubtedly look like those of subacute, generalized, anterior myelitis, such as I have shown you on previous occasions. In some cases of lead poisoning you may have almost exactly the same phenomena presented by those cases. The very fact that lead can produce such a condition, would incline us to the conclusion that many of these cases are instances of myelitis of the anterior cornua, and I am rather disposed to so regard them. It is held by others that the paralysis results from some form of affection of the nerves, probably neuritis.

Lead, mercury, arsenic, and some other substances among the metallic poisons, on the one hand, and the poison of diphtheria and the zymotic diseases, so-called, such as smallpox and scarlet fever, seem to have the power of affecting the nervous system in a peculiar way. The best way to consider this matter is to regard these toxic agents as protoplasmic poisons. They act on protoplasm everywhere, but have a special tendency to seriously attack nerve centres and fibres.

The reason that we have wrist-drop is not simply that the extensors are most markedly affected, but partly because the flexors are the stronger set of muscles. If the case be examined closely, it will be found that the flexors are also involved in the paralysis. We call this extensor paralysis, but in reality other groups than the extensor are also affected. We may say, in the first place, that this is some form of protoplasmic poison; in the second place, as far as our consideration is concerned, that it has affected more particularly the nervous centres, although other organs, as the liver and spleen, may be involved. It is more or less inflammatory in its nature, and it is susceptible to treatment similar to that employed in myelitis, with the addition of remedies to secure the elimination of the poison.

Elimination is the first thing to be considered. From my experience, I am inclined to lay little stress upon the long-continued use of these remedies for elimination. You have been taught that the best thing to give is iodide of potassium or chloride of ammonium. One is about as good as the other on the chemical theory. In the early stages, it is no doubt a good thing to use remedies with the idea of getting rid of any poison that may remain, although I think that the disease as you meet with it, is not so much a disease due to the constant action of the poison, as it is one dependent on the effects of that poison on the nervous system. Saline purgatives in moderate doses might be given, followed by iodide of potassium in ten- or fifteen-grain doses, or, what I think is better, chloride of ammonium in from fifteen to twenty-five-grain doses. This treatment is not to be continued indefinitely. If you give these drugs for a few weeks, they will do all the good that they can do in this direction, if good they do at all.

Returning for a moment, I will say that examination of these muscles shows that faradocontractility is lost, but they respond to the galvanic current. The reactions of degeneration are present, for instead of cathodal closure giving the best response, the best responses are obtained from anodal closure and anodal opening. In applying electricity in these cases, the galvanic current should be applied where there is no response to the faradic. It is useless to apply faradism to muscles which will not respond. The proper electrical treatment consists in using the galvanic, or current which will give a response. This is to be kept up for ten or fifteen minutes every day, or every other day. Strychnia is also to be administered.

Dr. H. C. Wood has called my attention to the fact that in lead paralysis, rapid improvement can be effected by the administra-

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tion of large, almost toxic doses of strychnia. Instead of giving the one-twenty-fourth, or less, of strychnia, three times a day, I will order one-twelfth of a grain, hypodermically, four or five times daily, closely watching the effects. I will try this plan of treatment in this patient during the coming week and report the result. [The patient was put on the strychnia treatment and rapidly improved, and since the delivery of the lecture has left the hospital well.]

*Alcoholic Paraplegia.*—This man is forty-seven years of age, and has been a huckster. He has been a drinking man for the past thirty years, but began to drink hard while in the army in 1862. He had delirium tremens for the first time in 1874, but since then he has had four or five attacks. In 1863 he lost the use of both legs. This loss was associated with soreness and numbness, and was attributed to rheumatism. He recovered in the course of six months. In 1864 he had a second attack, in which he lost the use of the right arm, but two years later had regained it. One year ago he again lost the use of both legs. This occurred after a long bout of heavy drinking. In the course of five or six months he partially regained the use of his limbs, so that he could go about on crutches. He then drank again heavily and went down again, losing power in both legs and arms, and has been in that condition ever since.

What is his condition? In the first place, nothing is wrong with his head. He has a certain amount of tremor in the upper extremities, which is more marked in the right arm, the one which lost power two years ago. In regard to the lower extremities, we find that he is unable to stand. He can kick to a certain extent, but in doing so some spinal spasm is produced. The legs are apparently well nourished. On attempting to bend the leg, I find a tendency to spasm of the muscles at the back of the leg. There is a spastic condition in these muscles. The foot does not drop when I let go of the leg. He has no trouble with the bowels or the bladder.

This hospital is the resort of men and women broken down from all sorts of abuses, among others from the abuse of alcohol. A certain disorder is known clinically as alcoholic paraplegia. This is a good clinical term, just as lead paralysis is a good term, although perhaps not absolutely correct. We have cases coming after drinking heavily, or after a debauch, with loss of power of both lower extremities, which recover in two or three weeks or months. This man has recovered once or twice. The history of this case, is like that of the cases to which I have referred, but I do not say that this case as it stands to-day is an example of alcoholic paraplegia. I think that it would have properly been so designated some years ago, but something else may have developed since. This case, to a certain extent, looks now like lateral sclerosis. In some respects it resembles myelitis. It resembles it in the paralysis. As has been pointed out, some cases of alcoholic paraplegia will give the reactions of degeneration, and yet these cases recover more readily than the ordinary type of myelitis. It is well to bear this point in mind. If you have a patient who has been drinking heavily, no matter how complete the paralysis, if the paralysis has come on after a debauch, remember what I have remarked, and do not give an absolutely unfavorable prognosis from the completeness of the paralysis. The true nature of the case may be determined from the history and from the retention of the reflexes, and the absence of the reactions of degeneration, although these are sometimes present.

This man has been treated as a case of alcoholic paraplegia. In the early stage, the treatment is that of ordinary alcoholism. The paralysis must be treated by nervous tonics, giving strychnia and arsenic, if the stomach will bear it. After a time, the metallic tonics, as zinc and silver, may be employed, and electricity should be resorted to.

# ORIGINAL COMMUNICATIONS.

## *TRAUMATIC ANEURISM OF RADIAL ARTERY,*

### LEADING TO REPEATED ATTACKS OF SECONDARY HEMORRHAGE.

[Reported by CHARLES B. WALLER, M.R.C.S., England, House Surgeon, Rotherham Hospital, Yorkshire.]

WILLIAM W., æt. 28, fender-fitter, came to the hospital on March 16th, with a cut wrist, caused by putting his hand accidentally through a pane of glass. On examination, a cut about an inch and a half long was found extending across the wrist at the base of the thumb. There was no hemorrhage, but patient stated that when first done the bleeding was most violent. As it looked from this,

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and the situation of the wound, as if the radial was wounded, everything was done to make it bleed again, if possible, but without success. The wound was now closed with two silver wire sutures, and a pad of oil lint firmly applied. A splint was employed to keep the arm at rest. The wound, however, did not do well; pus formed around the seat of injury, and the hand became considerally swollen and œdematous. Three weeks after the injury, patient came up in a very excited state, and said that without any apparent cause his hand had begun to bleed violently, and had then suddenly ceased. On exposing the wound no further hemorrhage took place, but it was thought advisable to keep him in the hospital. The swollen and painful condition of his hand did not allow of any pressure being applied, but a tourniquet was kept lightly on the brachial. On April 2d, while in the hospital, another severe attack occurred, the bleeding being very profuse, and only controlled by tightening the tourniquet.

The hospital staff was summoned, and, as the condition of the hand would have rendered an attempt to find the wounded radial almost impossible, Mr. Foote and his colleagues decided to tie the brachial. The patient was anæsthetized, and the brachial artery tied in the lower third of its course without any difficulty.

Next day the temperature rose to 103°, but at the end of a week it was normal, and the wound almost healed.

On April 13th, at his own request, he was again made an out-patient, to attend every other day and have his wrist dressed. His condition then was as follows: Wound in arm quite healed; wound at wrist almost healed, with only a small, sensitive ulcer over situation of radial artery; hand no longer swollen, but tissues considerably thickened around the wrist.

On April 18th, wound quite healed, and the patient was told he might begin to use his hand.

Next day, however, he again came running up with his hand bleeding as badly as ever. He stated that while moving his wrist up and down to overcome the stiffness of the joint, he felt something "give way," and immediately blood began to run down his hand. He was almost collapsed from nervous excitement. For a few moments it was difficult to control the hemorrhage, owing to the altered condition of the circulation, but pressure on the subclavian artery soon stopped it.

He was put under chloroform. A crucial incision was made over the wound. It was then found that a small aneurism had formed on the radial. The aneurism was about the size of a large pea, its coats were thin, and at the upper part had become united with the cicatrix of the wound, which was very thin at that part. A movement of the patient must have ruptured the cicatrix and aneurism at this point, and caused the hemorrhage. The aneurism was dissected out and removed, and the radial tied above and below. This was rather a difficult process, owing to the thickening of the surrounding tissues.

The wound healed rapidly by granulation. No further hemorrhage occurred.

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## *FRACTURE OF ACROMIUM PROCESS FROM MUSCULAR ACTION, FOLLOWED BY ABSCESS.*

BY C. W. HEFFNER, M.D., BELLEFONTAINE, OHIO.

THIS, to me at least, has been a case of considerable interest, for several reasons: first, because of the ignorance of the practitioner who first treated it; secondly, because of the manner of its occurrence; and thirdly, because of its course and termination. It is as follows:—

Grant S., æt. 18, farmer boy, while pitching straw on a straw stack, instantly lost the power of his left arm. The forearm and fingers he could use to a certain extent. At the time of this loss of power there was no pain, and he could not understand why he was unable to use his fork, suffering no pain of any kind. He is not conscious of having in any way whatever hurt himself, or made any extraordinary exertion.

About six hours afterwards he began to feel some pain, and to notice a slight swelling about the shoulder joint. On the morning of the fifth of August, 1884, or the morning following the one of the accident, the swelling was so great and the family were so much alarmed that they thought it best to call a physician—Dr. H., "a homœopath," being the man called. The doctor, as too many of our physicians, both regular and irregular, go about their business with their eyes of thought tight shut, blundered over the true nature of the trouble into the gulf of inflammatory rheumatism (the name given to all unknown maladies), so treating him, I sup-

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pose, until the eighth day of September, when the case fell into my hands.

At this time the shoulder was so much swollen that a certain diagnosis, as to the nature of the injury, was almost impossible. I, however, by careful examination, concluded that the acromium process was fractured, and attempted at even this late date to place the fragments in apposition, thinking that they might possibly unite, but in a very short time I saw that there was but one thing to do, viz., to open the abscess which had formed and give free vent to the pent-up fluid. After making an incision just below the acromial origin of the deltoid muscle by careful manipulation I managed to work out a small piece of bone. The larger piece, however, I was still unable to remove. I kept this opening from healing by tents, thus giving free drainage. About the 14th of September I made another incision along the line of the spinous process of the scapula, and through this removed one and a half inches of the end of the acromium process. I was then at a considerable loss to know just how to give him a good arm. I put it up in good position, and kept the elbow well supported. I bound down the clavicle as well as I could with adhesive strips, and so kept it until March, 1885, when I took off the dressing to find that he has a fair use of his arm, and is able to go about his farm work, a thing I told him in the beginning of the treatment would be utterly impossible.

While my readers will notice my blunders, the result is much better than I had any reason to expect. The case is one, to me, very interesting, and the thing I most wished to find in books concerning it is not there, so if any of my professional brethren have anything to suggest I will gladly receive it.

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## *HEALTH RESORTS IN NEW JERSEY.*

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

AS far as I know very little has been said about New Jersey as a health resort beyond the advocacy of many seaside towns or bathing places. Of these, Atlantic City has probably received the more notice, and there is good reason to believe that in the effort to attract invalids to the city in question, and to others on the coast, much harm has been done to developed cases of phthisis of all kinds. No fact is better understood than that such invalids require a *dry* atmosphere, and no results at any sanitary resort can equal those obtained at high elevations, where the air is decidedly rarefied as compared with that of the sea-level. Obstacles not to be avoided preclude the transfer to Colorado, or the uplands of Texas, of many invalids, and if any region nearer at hand would afford a reasonably good substitute, we should look it up and give our patients such benefit as may be had from the hygienic surroundings there presented. During several years service in the army, during and after the war, my attention was forcibly attracted to the beneficial effect of locality in pulmonary and dyspeptic disorders, and the good results of prolonged residence in the districts covered by pine forest, or in that bearing hard wood, in which much pine undergrowth prevailed, led me to look the matter up and to experiment considerably toward the hygienic and dietetic treatment of the affections alluded to, and others, with as little reliance upon drugs as possible. The results, as far as I went, were good, and during the last twelve years I have followed the matter up with still more satisfactory effects, because my patients have been within reach at all times, whereas during army life I lost sight of many, and could only learn their condition by unsatisfactory correspondence. Some of my cases have gone to the forests of North Carolina and to Eastern Tennessee, which present admirable aspects in the way of climate, air, and water, but ofttimes disastrous concomitants in the culinary line. "Way down South" the backwoods people are neither gourmands nor æsthetes, they are passionately attached to hog and hominy, and bread is a rare sight. Such biscuits as do crop out at odd times are literally *solid* nourishment, but from their mysterious attachment to saleratus, they unduly tax the dissolving power of ordinary stomachs, and, as consumptives must at all hazards protect their digestion, the drawback is fatal to their comfort or hopes. Dyspeptics curiously can digest these so-called biscuits sometimes, but at the loss of proper nutrition, and as no other form of bread is generally available, except to those invalids who take servants along from home, I, at last, tired of the complaints of my patients, cast about for something nearer at hand, where the out-door conditions would be practically similar, and the living nearer that of our own in quality and method of preparation. Plenty of

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good country resorts are obtainable, but it appears necessary that the balsamic breezes of the pine, the fir, and the spruce woods should surround the invalid. You must go too far away to get there in our own State, but a little investigation opened the way in the pine-barrens of New Jersey. Generally speaking, the popular idea is that outside the large cities of that State the people are not comparable in intelligence and in attention to household comforts with those of other States, and this has at times deterred patients from trying the virtue of a prolonged residence therein at my request; but so far from there being any truth in this belief the contrary is the case, for I have found Jersey men and Jersey women unusually kind and considerate to visitors, and particularly so to such invalids as have been accepted as boarders under my care. More than that, the living and cooking is at least equal, if not superior, to that found at the ordinary farm resorts patronized by summer boarders in any Northern State. As far as farm-products are concerned, any inquirer can, by visiting the annual agricultural fair at Egg Harbor, see a display surprising in diversity, quality, and quantity of food material. There is no dearth of plenty to eat. The water throughout the middle belt of New Jersey is good and abundant. It is perfectly sweet, and free from saline or mineral contamination. The air is pure, bracing, and near the ocean is well charged with ozone. Storms are not more common nor more severe than in inland States, and the rainfall is the same as that of Pennsylvania and New York. The climatic conditions, therefore, are such as we need for health, as far as pertains to the Middle States, and if, in addition to this, we can add thereto any special characteristic, it is the duty of physicians to test practically the merits of more or less prolonged residence in a locality of this nature for those cases which demand a country life with out-door accompaniments particularly applicable to them.

The great advantages which I believe can be attained for two classes of invalids in this section, are: *First*, absolutely pure and bracing air tinctured with the peculiar terebinthinate balsamic odor, which is at once grateful and healing in incipient pulmonary complaints, and soothing in those more advanced, and which may be beyond certain cure. The relief to be obtained by such patients is well worth the trouble of seeking it.

*Second.* The accessibility of the region to be spoken of is a notable point. The family physician can in less than two hours reach a case should his services be desirable. Transfer between the city and the localities selected is obtainable at low rates, and any articles which may be ordered from the city, such as medicines, or delicacies in diet, can be obtained promptly. These are quite important items of comfort, understood by those who have exiled themselves to the far South or West, where perishable articles cannot be sent because of distance, and where they cannot be purchased because of lack of enterprise in the nearer marts of trade.

Next to cases of chest-trouble is the long and varied line of dyspeptics which are usually treated strictly by drugs alone, and in which physicians rarely try the effects of change of air and scene. This class of invalids has certainly been clearly benefited by a sojourn in one or other of the selected neighborhoods, in both my own practice and in that of some friends who have tested the results for themselves. Dyspepsia is not always a disease of the stomach or large intestine, and it can be treated by other ways than drugging, and by other drugs than pepsin. The reader interested in this line may refer to papers already published, in which I had more space than can be devoted to the question here.*

In a continuation of this paper in a succeeding number of THE BULLETIN, I shall have something to say about remedies, but just now the question of locality is uppermost. The region to be considered is that lying along the line of the Camden and Atlantic Railroad, between Atco and Absecom, and the choice of residence is determined by the necessities of the particular case to be treated.

Other sections of country doubtless present claims for attention, but my personal knowledge is confined to the points hereafter to be taken up. I do not care to have my patients nearer the Delaware than Atco, for reasons to be noted in the next instalment, and I also prefer to keep them within a mile or so north or south of the line of the railroad for the sake of saving time should I have to visit them, and to receive direct mail communication where such correspondence is desirable.

*THE MEDICAL BULLETIN, October, November, and December, 1884; Philadelphia Medical Times, 1882-'83; Transactions Philadelphia County Medical Society, Vol. 5, pp. 66, 135.

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## THE OLFACTORY FUNCTIONS IN RELATION TO DIAGNOSIS.

BY DR. ALFRED S. GUBB,
Resident Medical Officer, French Hospital, London.

THIS subject, although a matter of daily involuntary observation, is one which merits a more scientific treatment than has hitherto been accorded to it. Possibly to the fact that the majority of these odors are of a more or less distinctly disagreeable nature this neglect is to some extent due. The subject is one replete with interest, even from a purely physiological point of view, but it acquires quite another importance when viewed from a pathological standpoint. Individuals living more in a state of nature, or who for some reason are more dependent on their senses, such as savages, Indians, or blind people, have always made a—to us—wonderful use of their sense of smell, which has attained with them an acuity of perception which we can scarcely conceive. Animals, too, having no pre-occupations beyond that of exercising their senses, obviously attain a far higher pitch of sensitiveness than man, and the enjoyment they derive from it is presumably great in proportion. The wine merchant, the tobacco importer, and the tea merchant, etc., all attain great delicacy of perception, without which their commerce would be difficult indeed. Why, then, should the modern scientific physician neglect an organ which, if properly trained, is enabled to furnish information at least equal to that furnished by any other sense. It cannot, of course, be pretended that absolutely no use is made of it at the present time, most medical men having remarked the peculiarly offensive nature of the excreta in dysentery, and of the breath in certain derangements of the stomach, but still these are gross forms requiring no delicacy of sense or education to appreciate. Again, it is worth remembering that we are enabled by means of the sense of smell to detect substances in the air, in quantities so small as to escape notice by any of the other senses, and defying the powers of the analytical chemist. Nor are the pertinacity and range of this perceptive power less remarkable,—the recollection of a particular smell will often outlast any other impression left on the senses. So a practised perfumer is able to retain and distinguish between as many as two hundred different perfumes in his laboratory.

Now that we have come back definitively to the axiom of Hippocrates, *medicina tota in observationibus*, so valuable an auxiliary deserves more than a casual attention.

One of the first conditions for the proper use of the olfactory apparatus is, as the ancients laid it down—*vie bene munctæ naris*—and certainly not less important is an intelligent education of the sense. Just as constant practice places an eye, so to speak, at the extremity of the finger of the gynæcologist, so constant observation will sharpen and define the sense of smell in those willing to cultivate it. The cutaneous odors, for instance, vary considerably independently of disease, not only in the different races of man, but also in individuals of the same race and even of the same sex; nevertheless, they may be considerably modified, consequent on the ingestion of certain drugs, such as sulphur, or in consequence of certain diseased conditions, such as rheumatic fever or variola. So marked is the variation from the normal in the two latter diseases, that an average practitioner could diagnose the disease in certain stages by the smell alone. The same remark applies to typhus fever, and very markedly to the condition of uræmia, or inflammatory mischief after childbirth. The difference between the sweetish, somewhat insipid odor of the healthy lying-in room, the *gravis odor puerperii*, and the acrid, disagreeable odor when the lochia have become modified, is marked and peculiar. The cause of the acid smell in acute rheumatism has been generally attributed to the presence of lactic acid in the sweat, but lactic acid has no odor of its own, and here as elsewhere the odoriferous properties are attributable to one or the other or several of the fatty acid group, either excreted as such or the result of the transformation of the cutaneous secretion as a whole. Certain ill-understood changes occur in, or may be peculiar to, some unfortunate people, whereby the normally insipid odor of the skin is exchanged for one which may be horribly offensive, and this may be general or limited to certain parts of the body.

The breath, again, is subject to variations in disease generally as pronounced as they are disagreeable. The horrible odor of the breath of the patient suffering from typhus was remarked long ago. Lucrece says:—

> "Spiritus ore foras tetrum volvebat odorem
> Rancida quo perolent projecta cadavera ritu."

In typhoid fever the breath is often fetid, but is then very likely due to the state of the

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mouth. Sulphur taints the breath with sulphuretted hydrogen, while copaiba and alcohol both tend to compromise the person whose breath betrays their use. In diabetes the breath possesses an odor of fermentation, while in uræmia it is distinctly ammoniacal, and is sufficiently pronounced to serve often as a warning of the peril.

Dyspepsia again, especially those forms attended by some irregularity of the normal fermentative action, tends to render the breath execrably fetid, and the presence of the ascarides in children is said to give rise to a garlic-like odor. The breath is, of course, much modified in its passage through the mouth or nose by the state of these passages. In ozœna, the breath, when expired by the nose, is insupportably fetid, and decaying teeth or ulcerative stomatitis produce the same effect when expired by the mouth.

The urine, also, is remarkably susceptible of change in this respect. The "new-mown hay" smell of diabetic urine, and the ammoniacal smell of the urine in cystitis are gross examples of the fact. The pronounced odors resulting from the taking of copaiba or cubebs; the violet odor produced by the ingestion of turpentine, or the characteristic effect of a meal comprising asparagus, all show how direct is the connection between ingestion and excretion.

The stench evolved from persons suffering from anything approaching starvation is also very remarkable, and has been attributed to the premature decomposition of the ill-nourished tissues. The odor of discharges is often perfectly characteristic; pus from the neighborhood of the intestines having the well-known fecal odor, and that from carious bone, if not fecal, is none the less peculiarly offensive. The pestilential effluvium of carcinoma anywhere, and particularly of the uterus, is one of the hints to diagnosis that even a tyro could scarcely ignore. The subject, as we have said, is a rich one, and will well repay systematic research. Although not every one is prepared to do the drudgery of the work, all would be willing to appreciate and utilize definite information as to the precise changes that are concerned in the production of these changing yet none the less characteristic odors.

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THE MEDICAL BULLETIN is the largest and best journal published for $1.00 per year.

## *THE TREATMENT OF WRITERS' CRAMP.*

BY R. P. ROBBINS, M.D.

[Read before the Philadelphia County Medical Society, March 18, 1885.]

IT would be supererogatory, I think, to give to the members of this Society any detailed account of the symptoms of the disease commonly known as writers' cramp, as most of those to whom these remarks are addressed have doubtless seen, and, perhaps, been baffled in the treatment of cases of that very troublesome and annoying neurosis, in one of its three forms. It will be necessary for me, however, before discussing the methods of treatment which, in my hands, have met with varying success, to touch somewhat upon the mooted question of the pathology of the disease. I spoke of writers' cramp as a neurosis; in this view of the nature of the disease, I would be supported by many of the authorities to whom you would be likely to refer, but you would also find almost an equal number who would not regard the malady as a neurosis at all, or at least would quarrel with any theory which located the lesion in any part of the central nervous system. As far as I am aware of the history of the disease, and I have lately given the matter considerable study, there is no record of any case where an autopsy gave opportunities for an exact determination of the seat of the lesion, and it does not seem likely that we are now any nearer the solution of the problem by this means, than we were in 1857, when Zuradelli, of Pavia, published his brochure, "Del Crampo degli Scrittori," in an Italian journal. This writer was strongly of the opinion that the cramp was a muscular, rather than a centric disease, his theory being that there was a debility of certain muscles generally employed in certain coördinate movements, and a secondary spasm of opposing muscles. Even so late an essayist as Dr. Poore, of London, to whose admirable little book, "Electricity in Medicine and Surgery," we owe many excellent suggestions as to the treatment of many diseases in which the battery can be used with advantage, does not array himself strongly in opposition to this theory, and I am aware that many of those whom I am addressing to-night probably hold the same opinion. On the other hand, an array of authors, Duchenne, Erb, Althaus, Solly, and others, very emphatically give as

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their dictum, the conclusion that the disease is due to a lesion of some point of the nervous centres although they are divided as to its localization. Dr. Solly is the only one who definitely gives it as his belief that the lesion is to be found in the cervical portion of the cord, and that there is a granular degeneration of what he calls the "nucleated vesicles."

I have said this much regarding the possible pathology of the disease, simply as prefatory, because, of course, the nature of the treatment will be influenced to a greater or less extent by the views which you hold as to the etiology of the disease, although I may say for myself, that my opinion, formed after some experience with a number of obstinate cases, and also after considerable investigation into the literature of the subject, strongly tends towards the conclusion that the lesion is to be found just where Dr. Solly says it is, in the cervical portion of the spinal cord; and it is with this belief that I have to suggest a course of treatment, which, I think, will benefit any case, if the disease be taken in time.

As I have intimated, I pass over any attempt to describe the symptoms of the disease as entirely unnecessary, only noting that all cases will present themselves under one or the other of three forms. They will be either (1) spastic, (2) tremulous, or (3) paralytic, and these three divisions will, to you, carry their explanations in their names. Nor do I think that the variety in form would influence the method of treatment, which could be applied to any of them indifferently.

Now, there are three factors in the treatment of writers' cramp, or, indeed, of any of these analogous conditions of incoördination, which are met with in tailors, telegraphists, pianists, milkers, and others. One of these factors is essential, the other two are simply effective methods of local stimulation. I refer to *rest*, *electricity*, and *massage*. I will speak of these *seriatim*.

1. Your patient must have absolute rest, not necessarily of the whole body, but absolutely and entirely of the affected muscles, as far as those particular movements of coördination are concerned, whose abuse has brought on the attack. It is necessary to be very firm in demanding this element of treatment from your patient—various objections will be urged; the disease is to be met with amongst a class of men upon whose pen depends their livelihood—to suggest rest to them is to suggest starvation. Your only answer can be the unfavorable prognosis which is unchangeable in all cases where you cannot secure this factor. I have no hesitation in saying that no case can possibly recover, unless time be given to the degenerated nerve-centres to regenerate themselves, and that they assuredly will not do if the demand upon their functional activity continues. In some cases I have been accustomed to order the arm to be carried in a sling for a week or so, to remind the patient that all writing is to be shunned; with the majority of patients this suggestion will be unnecessary; of course, I need hardly add, any other coördinative movement, involving the same group of muscles, may be indulged in with impunity.

2. Electricity is an important factor in the treatment, but I do not regard its use as absolutely necessary in simple uncomplicated cases, when taken early enough. I believe, however, that it hastens recovery, and therefore should always be employed. The continuous, and not the faradic, current should be used. The latter has been a favorite amongst the Germans, so high an authority as Dr. Erb sanctioning its use; but I am inclined to think, with Dr. Poore, that the best results are most certainly obtained by the employment of the continuous current. A weak faradic current may be strong enough even to destroy the electric irritability of the worn out muscles in writers' cramp. Galvanism, to my mind, offers the safest and best mode of electrical treatment, and one which, in favorable cases, is sure to be followed by good results. The current should not be so strong as to cause muscular contraction, but should produce a slight tingle at the ends of the fingers when the circuit is made or broken. It should be used every day for the first fortnight; after that time the séances should be gradually diminished in number until the end of the second month, when they may be discontinued in a typical case where recovery progresses without intermission. But the disease varies so much, some cases yielding easily to treatment, and some proving so unreservedly obstinate, that it is hard to lay down an iron-clad rule with regard to the administration of the electricity. Concerning the method of its administration, I think the suggestions of Dr. Poore so admirable that there seems no good reason for departing from his manner of treatment. He says:—

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"One pole (the positive) is placed, let us say, over the axilla, and the other over the ulnar nerve just where it leaves the biceps muscle *en route* for the olecranon. The strength of the current is short of that which causes muscular contraction, but is just sufficient to make the patient conscious of a tingle in the end of the little finger when the circuit is made or broken. The patient is made to exercise the interossei by separating and approximating the fingers rhythmically. Take another example: The positive pole may be placed over the median nerve at the inner border of the biceps, and the negative over the body of the flexor longus pollicis, while the patient is made to flex rhythmically the distal phalanx of his thumb; or, again, the positive pole may be placed in the axilla, and the negative over the musculo-spiral nerve as it turns forward alongside of the supinator longus, just above the bend of the elbow; and the patient is then made to supinate the hand or extend the fingers rhythmically.

Of course, this plan laid down by Dr. Poore, is subject to variation, but the general scope of treatment by electricity which he suggests should not be departed from. Dr. Erb, indeed, advises galvanization of the head, cervical sympathetic and cervical cord. This does not seem to me to be necessary, but there is no reason against its employment.

3. I approach the subject of massage in the treatment of these professional over-movements with considerable diffidence, because of the extravagant claims which have been made for it, as a curative agent in these diseases; yet I must say that the statistics, which have been published both in America (by Dr. Douglas Graham in his Practical Treatise on Massage) and abroad by different observers who have employed the method of Wolff, are very strong in favor of its use. It is claimed that Wolff has cured at least fifty-four per cent. of the cases of over-movement which have come under his care. His method is indorsed by many leading Continental specialists, Charcot amongst others, and since his sojourn in England, so lately as January of this year, Dr. de Watteville has reported several cases which he submitted to Herr Wolff, and whose treatment resulted in a cure. Briefly, Wolff's method "rests exclusively upon active and passive gymnastics of the fore- and upper-arm, upon massage, percussion, and friction of the same parts, and after a time elementary exercises in writing, prescribed and adapted to each case by holding the pen in a definite manner. These are gone through with two or three times daily for half an hour or so at a time."

I need hardly add that when massage is employed, and it should always be employed when the means of the patient will admit of it, it should always be entrusted to a skilled manipulator; no course of shampooing, rubbing, or other manipulation by the patient or the physician can take the place of the operations of a trained masseur. It is, therefore, unnecessary for me here to enter into a description of the method of its administration; Dr. Graham has done this thoroughly in his treatise, to which I refer you.

When there is a depressed condition of the general nervous system, strychnia may be employed with advantage in these cases. I have also found the acid phosphates (after Dr. Pepper's formula—see "Tyson on Diseases of the Kidney") a very valuable tonic. Calisthenics, addressed to the development of the affected muscles, are also of some value.

[Dr. Robbins closed his address by exhibiting several apparatus, and photographs of others, invented for the support of the arm and the relief of the affected muscles, and remarked "that no amelioration in the symptoms can be expected to be accomplished by these instruments alone;" and he thought that "the patient is better without than with them."]

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## *AVENA SATIVA IN THE TREATMENT OF OPIUM ADDICTION*

### A THERAPEUTICAL FRAUD, A DELUSION AND A SNARE.

BY J. B. MATTISON, OF BROOKLYN, N. Y.

AT the annual meeting of the New York State Medical Society, in February, 1882, Dr. Sell, of New York City, presented a paper on the treatment of opium addiction by a tincture prepared from oats, asserting it "the very best remedy in the distressful, and, in many cases, hopeless malady of the opium or morphine habit," and expressing his belief that "he had not lived in vain were he to have accomplished nothing else in life than to have discovered that the avena sativa is a cure for the opium habit."

As was to be expected, a claim so remarkable, made under the auspices of such an organization, attracted attention, and when was added

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to this the business enterprise of the drug-firm manufacturing the article in question, who, by an extensive distribution of reprints of the paper mentioned, doubtless secured for it the notice of many physicians, we shall at once appreciate the importance of evidence that will tend to confirm or refute the claim presented.

Dr. Sell's paper has been repeatedly criticized, professionally, for the loose manner in which his cases were observed and recorded. Four were cited. In the first, it is admitted "the patient was not cured." As to the second, evidence from a reliable medical gentleman was not lacking that despite the patient's denial, the opiate was continued in a different form. In another, the attending physician, after a recital of the varied and futile efforts of his patient to obtain relief at the hands of several charlatans, wrote that despite the use of the avena, "he has paroxysms of weakness, which he himself expresses as an entire goneness, and an unearthly feeling and restlessness at night. *At such times he resorts to morphine.*" (Italics ours.) "If you could suggest anything to aid in overcoming them the victory would be ours. Should we succeed, it will be the greatest victory yet obtained." Not the slightest evidence is afterward offered that the "greatest victory" was ever secured! On the contrary, the medical attendant in this case wrote to us as follows: "The person to whom you refer, and of whom Dr. Sell spoke in his pamphlet, started on a visit just as his case was making every indication of yielding to the treatment he was receiving at my hands." The "indications" referred to consisted simply in the morphia reduction, after a time not stated, to one-quarter his original daily taking! And this result—which is not uncommon from simple, gradual decreasing, apart from any medication—was not due to avena alone, for the Doctor expressly states, "I used the avena and coca alternately. Gave the avena through the day and coca at night. Sometimes I combined the two." "I gave of the avena from one-half to an ounce at a dose, and about the same of coca. The *coca*—fld. ext.—appeared to overcome the great prostration and lassitude of which he complained when not taking it!"

In the fourth, of which the details as to treatment are very meagre, it was asserted that the patient, who had used morphia for twenty years, reaching 32 grains per diem, was treated with the avena, and had used no morphine since she began the tincture, "except for the first *two weeks*, when she occasionally took small amounts to relieve *extreme distress*."

The patient's condition during "those two weeks" is left to conjecture. Is it not likely that they were painfully eventful weeks to her? As to another patient, whose case will be cited later, for the words "extreme distress," and the repeated need of morphia, are very significant, and probably are the essence of what was the *true* cause of success; that is to say, it was, practically, a case of *abrupt opiate withdrawal*, uninfluenced by avena; hence the "extreme distress," to relieve which morphia was repeatedly taken.

Now, it must be conceded, we think, that these cases present very slender support on which to rest one's claim to posthumous fame. He must be a modest man, indeed, who is willing to have his name go down to posterity as a public benefactor—one who "has not lived in vain"—with no stronger proof of his alleged benefactions than the history of these cases afford! The first was an admitted failure; the success of the second was disputed; the hoped-for result of the third was never reached; and the fourth gave striking evidence of being a case in which the good result was secured by *enforced abstention*, giving rise to *intense reflex irritation, continuing a fortnight*, and, despite avena, requiring repeated doses of morphia! Of what scientific value are they? And what a *palpable absurdity* to vaunt the virtue of *any* remedy on such evidence as this!

So much for the supposed direct testimony to the value of avena. Now for evidence of a somewhat different order, though quite as direct.

Subsequent to the reading of the paper containing these cases, Dr. Sell wrote more at length on avena, which, with the original article, appeared in the reprint to which we have alluded. This addition, while lauding sativa in the treatment of various disorders, presented copies of letters from a number of physicians commending it, and, among them, several who claimed to have used it with success in the treatment of opium addiction. To each of the latter we sent a request for information in detail, and inclosed the following queries as to the habitués treated by avena.

Sex?
Age?
Cause of addiction?
Form of addiction?

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Duration of addiction?
Amount per diem?
Dose of avena?
How often daily?
How long continued?
Was avena only used?
If other remedies, what?
Was opiate suddenly or gradually abandoned?
If gradual, how long in withdrawing?
What proof was given of *entire* opiate quitting?
Was any examination of urine made to determine absence of morphia?

From all these replies were received, and we invite attention to the contrast between the original letters—in reprint—and those in answer to us.

Dr. A. wrote: "I am giving the conc. tinct. avena sativa for the morphia habit, and I find it will cure, I believe, *all cases, no matter how long they have been the slave* of this opium monster. I think this is the greatest discovery of our age."

His reply to our request, was: "I felt sure of avena being the long looked-for cure for the opium habit, but find that all the cases that I treated have used opium, in some form, all the time I was treating them, and positively declared that they were cured and discharged as sound. All is failure with me so far."

Dr. B.: "The conc. tinct. avena sativa worked to a charm in the morphia habit. Having tried cannabis indica, Jamaica dogwood, coca, etc., in this case. I am so well satisfied with the avena that I intend to try it next time I have a case of the kind."

In answer to us, he said: "In reply to yours of 26th inst., would say that no categorical reply is necessary. I sent for a bottle of avena, and thought my patient was receiving great benefit from it. In ordering the second bottle I used the words which B. K. & Co. quote. I had no idea that my words would be so used, and am sorry, as the avena, aside from being a pleasant stimulant and slightly nervine, is, I think, nearly inert. Now, I am stating the whole thing freely for *your* benefit. *Verbum sap!*

Dr. C.: "I have been experimenting with the conc. tinct. avena sativa with favorable effects in the opium habit."

To us he wrote: "In my first attempt I was quite sanguine that the avena alone was to become a most valuable remedy,—almost equal to what has been claimed for it. To my great regret I soon found my cherished hopes unrealized; that my patients would not endure the suffering; therefore, they had stealthily again returned to their old friend (?) for relief."

Dr. D.: "I am also using it, avena, in a case addicted to the use of opium, and find that it enables the patient to do with half the quantity of the opium that he used before."

Answering us, he said: "As you will see by referring to the questions propounded to me, the answers are not very satisfactory. The patient did not use the avena more than a month, and did not stop the use of opium at all. I do not believe it would support the nervous system, and prevent that terrible aching and nervous prostration caused by the entire abstinence from opium."

Dr. E.: "I have tried a small amount of the conc. tinct. avena sativa, and am more than pleased with it in the opium habit. A bad case of the opium habit is doing everything that could be expected."

I reply to our letter he mentioned *three* patients who had used avena, but *not one haa quit opium!* "The severe pain called for some anodyne," and resort was again had to the opiate!

Dr. F. wrote: "The conc. tinct. avena sativa has been more successful in the treatment of the opium habit than anything I have ever tried, and I have tried various other remedies, amongst them the advertised nostrums." After repeated effort to elicit further information from Dr. F., he replied that the patient to whom he referred had recently died, but the *habituat opiate had not been abandoned!*

Here are eight cases advanced in support of avena, and yet, on thorough trial, *in every instance it proved a failure!*

But let us examine other cases. Dr. G. narrates this extraordinary instance: Patient had been a habitué three years, taking from 15 to 30 grains of morphia, by the mouth, daily. The narrator says: "I obtained the avena and prescribed it in 15-drop doses whenever he felt the need of morphine, which was four times a day, and for two nights I gave him about a one-fourth grain of morphia, when he said he could do without it. Thus he left off taking morphine, and has never taken another dose of it. The first night without morphine he slept reasonably well, and each succeeding night better, until five nights, when he slept well. All this time he rested very well," etc.

Now, this is a most astounding statement. That any one taking 15 to 30 grains of mor-

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phia, daily, for three years, should quit all at once,—for, practically, this is what is claimed, inasmuch as only two one-quarter-grain doses, twenty-four hours apart, were given,—sleep well every night, have no reflex disturbance, "all the time resting very well," is quite beyond our credence. Personal experience, covering many cases, has never afforded a like instance, nor has our reading ever furnished one. This stands unique and alone, an unparalleled case, or a great deception.

Dr. H. was the attending physician of Miss ——, who asserted that she used opium twenty years and was cured by avena. In response to our request, he cautiously gave us details of her case. The dose of avena was "from 15 to 25 drops, three or four times a day." It was continued "in all seven months."

"Was avena only used?" "No; other remedies. For first two or three weeks occasionally gave some nervine, as potass., brom., valerian, castor, etc. At bed-time, on the fourth or fifth day, gave 15 grains chloral with brom. potass. Used tonics and stimulants, iron, quinine, carbonate ammonia, and brandy. After diarrhœa ceased did not use brandy, but gave tonics in some form for two months." We shall again refer to this somewhat remarkable therapeutical exhibit.

The Doctor further wrote: "I saw her several times a day. For a long time it was a *desperate fight*. She had several attacks of diarrhœa; also, two or three severe attacks of pain in the bowels; at those times I gave a small amount of opium with other remedies."

Desiring further testimony, the writer not long since addressed Dr. Sell, requesting the names of those who had used oats in this disorder, and received a list, all of which with one exception, to which we shall refer, were in the reprint mentioned, consequently we gained little additional information. Having his assurance that "should the above number not suffice for your purpose, more can be furnished," we again wrote him, to which he replied, but failed to mention any others, and referred us to the manufacturers. To them we wrote and received a printed slip, having an added testimonial, of which more later.

Dr. H., the additional party named by Dr. Sell, gave us the following case. Patient five years addicted to morphia, 15 grains per diem. Was treated by avena, 15 to 20 minims three to four times daily, and continued "about a year." The opiate decrease extended through "three months." The renal secretion was not examined for morphia, and the proof of opiate quitting was "husband's word and payment of account." In explanation of the latter, it may be stated that treatment was begun on the principle of "no cure, no pay," and the fact that "the bill has been paid, and the husband says she has no desire for morphia," was the evidence of cure.

Dr. K., the gentleman named by the makers of avena, reported, in request to our inquiry, as follows: Mrs. ——, æt. 60, two years addiction; morphia by mouth, and on ulcer; amount "not less than two grains a day." Was treated by "avena in 10-drop doses in hot water three times daily, and 15 drops at night in cold water." It was continued "three months nearly." As to the other remedies, "some potass. brom. early in connection with the case," and "she got about a pint of whiskey." As a result of the avenal medication, "she complained so of her bones aching that I suspected syphilitic complication, and gave potass. iodid., and she complained of sore throat, and I withheld that and gave the avena and constitutional remedies,—as quinine, iron, etc. Having this therapeutical insight of the case, let us note progress. (Italics ours.) The opiate quitting was abrupt. "After the morphia was withdrawn, I was obliged to call and see her sometimes five and six times a day. She would be *perfectly frantic*, and at times I almost relented, and thought of returning to the morphia. She complained so of her bones aching, etc. Only once when she was raving did I give her a dose of morphia. For several days after taking away the morphia she did not sleep until near four or five o'clock in the morning, and then *from exhaustion, from crying and beating and pounding her arms and legs!*"

Dr. L. reported two cases treated by avena—females, æt. 39 and 65. In reply to our request for details, he wrote that in the first case the nervous disturbance following withdrawal was "*very marked the first ten days*," sleeplessness "for the first two weeks," and diarrhœa persisting "for three weeks." In the second patient, the reflex irritation continued "for two weeks," the insomnia "the first two weeks," and the "diarrhœa for three or four weeks." In each instance, the morphia was gradually withdrawn, and yet, despite avena, there were "very marked" nervous irritation,

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insomnia, and diarrhœa persisting from ten days to four weeks.

Dr. M., dentist, reported his own case as follows: Ten months addiction reaching a maximum of 18 grains daily by mouth. "Stopped at once; commenced taking avena in 40-drop doses, and for the first ten days took six or seven doses a day. At the end of a fortnight, "eat heartily; slept last night at least four or five hours." "Feel sanguine; am not going back to morphia."

Now, as to the truth and consequent value of the above record, we submit testimony from two reputable medical men, who were cognizant of the case, and courteously gave us the following details: Dr. —— wrote, "I think I saw him for a period of two or three weeks, almost daily, but after the period mentioned he ceased to visit my office, and I learned, indirectly, that he had returned to his old habit. He became a frequent visitor of ——, in our village, and I have reason to believe procured morphia, and on the twenty-fifth of February, 1883, was found in the office of —— in an unconscious condition, and soon died, doubtless from over-narcotism." At "an inquest on his body, February 26th, it appeared from the evidence offered, that for several days he had been drinking hard, and had taken enormous doses of potas. brom., chloral, and *morphia*."

Dr. —— wrote: "Some time between December 20th and 25th, 1882"—this, be it noted, was when, as asserted, the morphia had been abandoned—"he came to my office. Said he had been kept awake all night with neuralgia in his shoulder, and wanted a hypodermic of morphia. From his general appearance I became suspicious that he had used opium, but gave him the hypodermic. Next morning he returned and wished another. This I insisted on inserting, and found both of his arms, from shoulder to very near the wrist, were completely pitted with punctures, *some of them fresh*, also marks of former numerous abscesses. I refused to give him any more morphia. His condition was about the same from his first coming to my office, till within say a week of his death. On February 24th, the day prior to his death, he came to my office in an awful condition. Said 'he had lived for a week on *morphia*, chloral, and brom. potass., and that the narcotics had no influence on him now.' I took from him a bottle, one-eighth ounce, quarter full of morphia, and about one-half ounce of chloral. Said 'he had been taking morphia for years.'" The next morning he again applied for an opiate, was refused; went to another physician's office, and in a few hours was dead.

So much for the history of this case, to which we have referred somewhat at length, simply to show its *absolute worthlessness* as regards the fact of cure and value of avena.

From a number of correspondents—medical men—who had used sativa in hope of effecting release from opium, to which, unfortunately, they had become addicted, the following testimony was elicited:—

Dr. N.: "I could not see as it had very much effect in my own case, although I took it quite a long time. As an antidote to the opium habit, I think it is of but little account."

Dr. P.: "In the few instances in which I have tried it, the effect has been *disappointing;* the result being either *nil*, or *decidedly unfavorable*. As a specific for the 'opium habit' I don't believe it will ever win any great or lasting triumph."

Dr. R.: "I had a quantity of avena made by Dr. Keith, I think, understanding his was the best, and upon taking it, I could not see that it had a particle of effect of any sort—good, bad, or indifferent—no more than so much water."

Dr. S.: "Had used avena sativa in his own case, increasing the dose to *one ounce*, and might as well have taken so much water."

Dr. T. reported the case of a relative who "took two and a half pounds of it, but could not get below one grain daily, and miss two or three days morphia; but took ℥j doses five or six times a day then."

We have here the record of twenty-four cases of opium addiction treated by avena. Nineteen of them were advanced by Dr. Sell, or Keith & Co., to prove its value. Let us examine these somewhat in detail.

CASE I.—An admitted failure.

CASE II.—Cure disputed by a reputable medical man.

CASE III.—Not a success, and even the partial result mainly due to coca.

CASE IV.—Indisputable evidence of being one treated by abrupt withdrawal, followed by the "extreme distress" sequelæ of that method, unmodified by sativa. What a palpable absurdity to vaunt the virtue of sativa on such proof as this!

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Then follows the record of eight cases, *every one of which was a failure.* And yet Dr. Sell, Keith & Co., "rush into print" with the claim that they attest the value of avena! What a farce! We are not largely gifted in legal lore, yet we hazard little in thinking that were a claimant to present himself in chambers with such evidence as this, he would be speedily nonsuited—thrown out of court on the *cross-examination of his own witnesses.*

CASE XIII.—We venture to assert this a *gross deception,* and to any one familiar with the history of an *honest* opiate quitting, this assertion will at once commend itself. We do not impugn the veracity of Dr. G., he may have had full faith in his patient, but there was duplicity somewhere, and in this connection we are reminded of a case cited by a physician in the Med. and Surg. Reporter, February 3, 1883, in which a young man addicted to morphia, two or three drachms per week, for more than two years, "stopped it at once, without any inconvenience, or the ill-effects so usually experienced from its use. Had no effect on him perceivable. Says he feels as well as ever he did in his life, and has from the day he stopped."

Feeling convinced that the fellow was lying, we wrote Dr. ——, expressing our entire disbelief in his patient's story, and asked for details. No reply was given. Later, however, came the sequel to this Munchausen tale. A medical gentleman addicted to morphia who had recovered under our care, wrote to Dr. ——, expressing an opinion similar to ours, and received in answer, "Undoubtedly you are correct. I was never more deceived in humanity than I was in this case. I could have taken the young man's word as far as most men's oaths, but he deceived me, for I have taken pains to learn since that he is procuring the drug from another source."

CASE XIV.—This case is somewhat striking, and, as tending to prove the value of avena, worthless. The number and variety of remedies given have doubtless been noted, and we fail to see how it is possible to select sativa from the half-score or more of other drugs, as *the* one entitled to credit. Besides, the history of "a desperate fight," "several attacks of diarrhœa," the need for repeated doses of opium, for "carbonate of ammonia and brandy," are all proofs of marked nervous irritation and exhaustion, for the relief of which sativa seemingly was nearly or quite inert. We do not question his recovery, but we dissent *in toto* from the opinion that it was brought about alone by avena.

CASE XV.—The fact of cure is not disputed. If, however, it be remembered that the decreasing process continued "three months," and that the avena was given "about a year," it will at once be apparent that the element of *time*—the *vis med. naturæ*—was a potent factor, probably, in view of the little effect from oats in other cases, the *most* so in bringing about a good result.

CASE XVI.—We invite renewed attention to this history. Closing his case, Dr. K. asserted, "It was an aggravated case of opium habit cured by avena." To both these conclusions we must demur. Two years morphia-taking, two grains daily by mouth, or on ulcer, scarcely makes an "aggravated case." Nor was it cured by sativa. In his published report, Dr. K.'s statement is, "shut off the morphia, and ordered the con. tinct. avena sativa. After three weeks' use of same she sleeps well." Very good, but what about those "three weeks"? What the patient's condition during that time? In this report, which with others has been given such wide currency by the makers of avena, one is left to infer that, with no other treatment, this patient went satisfactorily on to recovery. Now we respectfully submit, that, in view of the facts we have presented, this statement is *grossly misleading,* not wittingly, doubtless, but nevertheless *misleading,* for really during those twenty-one days she was bearing the torture of abrupt withdrawal. Setting aside all reference to "brom. potass., whiskey, and constitutional remedies, such as iron, quinine," etc., that were used, the history of this case, on the medical attendant's own evidence, proves conclusively that it was one of *enforced abstention,* entire and abrupt, not controlled by avena, since it was followed by symptoms which the sativa, were it so effective, would have lessened or prevented. Clearly it did *not,* else the gentleman would have been spared the recital of his patient's suffering. The Doctor's trustful confidence in avena, while day after day, through week after week, the poor woman struggled on, actually insane from her agony—"raving," "frantic," "exhausted from crying and beating and pounding her arms and legs"—is quite touching, but it must have been a trying time for the said patient.

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CASES XVII. and XVIII. have already been commented on.

CASE XIX.—No comment on this case is needed, other than to call attention to the utter untrustworthiness of the self-asserted history, and the positive proof that the opiate was *not* abandoned.

CASES XX., XXI., XXII., XXIII., XXIV.—The testimony of these medical gentlemen is positive and direct. No other comment is called for.

To recapitulate: Of these twenty-four cases fifteen were admitted failures.

(One), CASE XIX.—Patient did not recover.

(One), CASE II.—Recovery was disputed.

(One), CASE XIII.—Is quite beyond credence.

(One), CASE XV.—Time and *vis med. naturæ* probably *the* factors in cure.

(One), CASE XIV.—Ten or more remedies being used, it is absurd to elect avena.

(Two), CASES XVII. and XVIII.—Gradual withdrawal, despite which and sativa marked nervous disturbance from ten to forty days.

(Two), CASES IV. and XVI.—Abrupt withdrawal, with intense reflex irritation, unaverted by avena.

In connection with the last four cases, an extract from another pamphlet lately gotten out by Keith & Co., in which they still laud avena, is of interest. Speaking of removing an habitual opiate under the use of sativa, they say, "That the above can be done *without much derangement is impossible!*" Quite true, as the record of these four cases will attest.

In only six of the twenty-four cases cited will we admit a cure; and in those six we assert—and of this assertion we invite any honest criticism—that *avena was not* the main factor in success.

It is now nearly thirteen years since our first case of opium addiction. In the interim our professional attention has been largely, and, of late years, exclusively devoted to its treatment. Such being the case, it has been our aim to avail ourself of any and every aid tending to advance its therapeutics. In this effort avena has not been omitted, and our experience with it can be tersely stated. *We have given it again and again, in water hot and cold, at intervals short and long; have prescribed it day after day; have known it taken, and the symptoms of opium abstinence steadily increase, until it was cruel to insist on further taking; have given the dose advised, and, doubling every half hour, increased it to one ounce, and have always found it worthless—absolutely good for nothing!*

Let it be distinctly understood that what we have written is germane only to the use of avena in opium addiction. Its value in other disorders does not here concern us, nor is it disputed.

In the pamphlet last mentioned, it is asserted: "As an antidote for the opium and morphia habit, it has been proven without an equal; for, by its action, the physician has been enabled *to furnish such stimulation and tonic effect* to the nervous system of the opium-taker as was necessary."

The truth of both these statements we *emphatically deny*, and in support of our denial offer the evidence we have recorded.

As a stroke of business strategy, the enterprise of its vendors, in so widely and persistently vaunting its virtue, may entitle them to credit, but, as tending to advance the interest of scientific medicine and the well-being of those so in need of true relief, it seems to us open to scathing criticism.

In view of what we have written, is it not time to prick this bubble, and are we not warranted in asserting it, albeit the language seem somewhat intemperate, "*A therapeutical fraud, a delusion, and a snare?*"

## THERAPEUTIC NOTES.

### CAPILLARY BRONCHITIS.

Professor N. S. Davis recommends—

| | |
|---|---|
| ℞. Ammonii chloridi . . | ʒij. |
| Antimonii et potassii tart. . | gr. ij. |
| Morphia sulphatis . . | gr. iij. |
| Ext. glycirrhyzæ fl. . . | ʒj. |
| Syrupi. . . . . | ʒiij. |

M. Sig.—One teaspoonful every three or four hours.

### CHRONIC BRONCHITIS.

Professor Da Costa has obtained good results from the use of chlorate of potash in chronic bronchitis when the expectoration is scanty and tenacious. In these cases he frequently orders—

| | |
|---|---|
| ℞. Potassii chloratis . . . | ʒj. |
| Ammonii chloridi . . . | ʒij. |
| Tinct. hyoscyami . . . | ℥ss. |
| Syr. pruni virginianæ . . | ʒiiss. |

M. Sig.—Two teaspoonfuls three times daily.

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### ACUTE BRONCHITIS.

Professor N. S. Davis recommends the following formula in the early stage of acute bronchitis:—

℞. Tinct. veratri viridi . . ℥iss.
Vini antimonii . . . ℥ss.
Tinct. opii camphoratæ . ℥iiss.
Liq. ammonii acetatis . . ℥ij.
M. Sig.—One teaspoonful every two or three hours.

If the tongue is coated, bowels constipated, and urine high-colored, from one to five grains of calomel should also be given, and followed in four or five hours by a saline laxative, to procure two or three evacuations from the bowels. Under this plan of treatment the high fever and soreness of the chest rapidly diminish, the breathing becomes easier, and the expectoration more free. As soon as this result is attained, Professor Davis discontinues the preceding mixture, and orders—

℞. Syr. scillæ comp. . . . ℥iss.
Tinct. sanguinariæ . . ℥ss.
Tinct. opii camphoratæ . . ℥ij.
M. Sig.—One teaspoonful every three or four hours.

If the patient suffers much from nervous restlessness, or from headache, aggravated by coughing, the addition of potassii bromidi ℥ss to this formula will bring relief from those symptoms and promote rest.

If at the end of three or four days the temperature rises in the evening and the cough becomes more troublesome at night, the following should be given in addition:—

℞. Quinia sulphatis . . gr. xxx.
Pulv. sanguinariæ rad. . gr. ij.
Codeia . . . . gr. j.
M. Ft. charta No. iv.
Sig.—One powder every evening.

In patients previously debilitated by ill-health or overwork, the acute symptoms subside after three or four days, but a distressing cough, accompanied with copious muco-purulent expectoration, remains. There is also a feeling of unusual weakness, and a greater or less disgust for food.

These cases rapidly improve when placed upon the following formulæ:—

℞. Quiniæ sulphatis . . gr. xxiv.
Acidi hydrochlorici dilut. ℥j.
Syr. glycirrizha . . ℥iss.
M. Sig.—One teaspoonful after meals.

℞. Syr. senegæ . . . . ℥ss.
Tinct. opii camphoratæ . . ℥ss.
Syr. pruni virginianæ . . ℥ss.
M. Sig. One teaspoonful every four hours.

If there be a troublesome nausea, and a disposition to vomit during the paroxysms of coughing, the following combination may be given with advantage, instead of the senega mixture:—

℞. Acidi carbolici . . . gr. viij.
Glycerinæ . . . . ℥j.
Tinct. opii camphoratæ . ℥ij.
Aqua . . . . ℥ij.
M. Sig.—One teaspoonful before meals and at bedtime.

### RHEUMATIC BRONCHITIS.

Professor N. S. Davis has obtained the most prompt and satisfactory relief in rheumatic bronchitis from the administration of—

℞. Sodii salicylatis . . . ℥vi.
Glycerinæ . . . . ℥iv.
Vini colchici rad. . . . ℥vi.
Syr. scillæ comp. . . . ℥iss.
Tinct. opii camphoratæ . . ℥ij.
M. Sig.—One teaspoonful in water every three or four hours.

### SUBACUTE RHEUMATISM.

Professor Da Costa frequently prescribes—

℞. Potassii acetatis . . . ℥ss.
Tinct. digitalis . . . ℥j.
Liq. potassii citratis . . ℥iiss.
Syr. simp. . . . . ℥iss.
M. Sig.—One tablespoonful every three hours.

### MALARIAL JAUNDICE.

Professor Bartholow recommends—

℞. Quinia sulphatis . . gr. xxx.
M. Ft. pilulæ No. xii.
Sig.—Three pills every morning.
Also—
℞. Ferri sulphatis exsiccat . gr. xl.
Manganesii sulphatis exsiccat. gr. xx.
Acidi arseniosi . . . gr. j.
M. Ft. pilulæ No. xx.
Sig.—One pill half an hour after meals.

The patient is also to be directed to take a teaspoonful of the phosphate of soda in half a cup of hot water one hour before meals.

### SPINAL ANÆMIA.

Professor Bartholow has frequently obtained excellent results in spinal anæmia from—

℞. Ext pilocarpi, fl. . . . ℥ij.
Ext. ergotæ, fl. . . . ℥vi.
Aqua . . . . . ℥ij.
M. Sig.—Two teaspoonfuls three times a day.

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### POSTERIOR SPINAL SCLEROSIS.

Professor Da Costa has seen marked improvement in this obstinate affection from the long-continued use of—

℞. Hydrarg. bichlor. . . gr. ss.
Ammonii chloridi . . gr. xl.
Aqua . . . . . ʒij.

M. Sig.—One teaspoonful one hour after meals.

Further benefit may also be derived from the application, two or three times a week, of a continuous current of twenty cells to the spine, and a weak faradic current to the muscles of the lower extremities.

### PYROSIS (Dr. Peret).

℞. Sodii bicarb. . . . gr. xl.
Pulv. cretæ . . . gr. xv.
Ext. nucis vomicæ . . gr. iss.

M. Sig.—Divide in ten powders; give one t. d.

INJECTION in a case of blenorrhagia complicated with hematuria (Dr. Brodet).

℞. Chloral hydratis . . . ʒj.
Aqua distill. . . . . ʒviij.

M. Sig.—three injections daily.

—*Paris Letter in The Medical Times.*

### WHOOPING-COUGH.

Dr. W. Graeffner, of Breslau, has obtained remarkably good results in whooping-cough from cocaine, which he used in the form of the steam-atomizer, or of inhalations, or of the common cold atomizer. The solution employed by him is the following :—

℞. Cocaine muriat. . . gr. j–iss.
Aqua distillat. . . fʒiss.
Pot. chlorat. . . . gr. ix.
Aq. amygdal. amar. . ♏x.

M. Sig.—Externally.

The applications were made twice daily, and rapidly brought about a cure. It proved also beneficial in cases of hysterical cough.—*Med. and Surg. Reporter.*

Rothe (Memorabilieu) announces his continued satisfaction with carbolic acid as a remedy for whooping-cough, after fifteen years' experience with it. The formula employed is as follows :—

℞. Carbolic acid.
Alcohol. . . . āā 7½ grains.
Tinct. of iodine . 5 drops.
Peppermint water . 750 drops.
Tinct. belladonna . 15 "
Syr. of diacodium . 150 "

A teaspoonful is to be given every two hours, until the paroxysms entirely disappear.—*N. Y. Med. Jour.*

### NEUROTIC DIARRHŒA.

Dr. J. V. Solomon (British Medical Journal) has noted the occurrence of a form of chronic diarrhœa in women of nervous temperament. Some of the cases were of several years' standing, and had resisted all the ordinary methods of treatment. As no structural lesions could be discovered, he considered the disturbance to be purely neurotic in character, and obtained complete relief or considerable mitigation in every case from the use of the following formula—

℞. Acidi nitrici diluti . . ʒss.
Liquor opii sedativi . . ʒj.
Liquor strychnia . . . ♏xvi.
Tinct. gentianæ comp. . ʒss.
Infusi gentianæ comp. . ʒivss.
Aqua menth. pip. fortior q. s.
ad . . . . . ʒviij.

M. Sig.—Two tablespoonfuls three times a day.

### COUGH MIXTURE.

Dr. H. C. Wood (Therapeutic Gazette) regards the following as the most efficient sedative cough mixture that he has ever used :—

℞. Potassii citratis . . . ʒj.
Succus limonis . . . ʒij.
Syr. ipecac . . . . ʒss.
Syr. simplicem q. s. ad . . ʒvj.

M. Sig.—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added in sufficient quantity.

### JAMBOL IN DIABETES.

Dr. C. E. Clacius (Chicago Medical Journal and Examiner) reports three cases illustrating the value of jambol (Syzigium Jambolanum) in diabetes mellitus. Dr. Clacius administered five grains of the powdered seeds four times a day, with the result in each case of reducing the quantity of urine passed almost one-half, and of reducing the percentage of sugar present from ten and twelve per cent. to three per cent. Marked improvement was also noticeable in the general symptoms of the patients.

### LUMBAR NEURALGIA.

Dr. Naudin recommends the following :—

℞. Chloroformi . . . . ʒiiss.
Ætheris . . . . ʒvi.
Tinct. opii . . . . ʒiss.
Glycerini . . . . ʒiij.

M. Sig.—Rub on the painful part morning and night.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Oct. 1885.

## *WHAT A GENERAL PRACTITIONER CAN DO.*

IT might well be inferred from the eloquent but self-interested pleading of the modern specialist, that the general practitioner of the present day is an unsafe person who should be restricted to the administration of paregoric, castor oil, and Epsom salts. Of course, on rare occasions, he might be permitted to open a small abscess, or bind up a cut finger, but if he ventures further it is at the peril of his patient's life.

A paper recently read by Dr. William C. Wile, editor of the New England Medical Monthly, before the Connecticut Medical Society, illustrates forcibly, however, that the general practitioner may perform important capital operations quite as well as the specialist, and with an equal degree of success. Dr. Wile has never been recognized as a specialist, and does not reside in either New York, Philadelphia, or Boston. Nevertheless he has performed seventy-nine capital operations during the past three years, with seventy-five recoveries. The four cases which ended fatally, were an extirpation of the uterus by the vaginal method for carcinoma; an exsection of the hip-joint; an amputation at the elbow after a railroad accident; and an ovariotomy in an opium *habitué*.

Dr. Wile does not attribute his success to any phenomenal skill in operating, but rather to the strict attention which was paid to details in the preparation of the patient, the securing of absolute cleanliness, and the use of the spray to render the atmosphere of the room thoroughly antiseptic. Among the more interesting and instructive cases, which resulted in a complete recovery, were a herniotomy in a man aged seventy-nine, an amputation near the shoulder-joint for gangrene following erysipelas, an exsection of the entire shaft of the tibia for necrosis with reproduction of the bone, genu valgum in an adult, a simple ovarian cyst, a severe case of traumatic tetanus, a formidable case of injury to the hand, and a unique case of congenital double talipes varo equinus, of thirty-three years' standing.

The operation for genu valgum is probably the first that has been performed in the United States for that deformity in an adult

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## *THE NUX VOMICA TREATMENT OF DELIRIUM TREMENS.*

THE differentiation between the delirium of acute and chronic alcoholism is easily made. The former is the condition commonly known as *mania-a-potu*, and is practically a form of acute cerebral hyperæmia. It is due to the direct action of alcohol upon the brain and vascular system of a person who has not become habituated to the use of intoxicating liquors. It is usually observed in young subjects of a nervous temperament who have been drinking heavily for a few days, after a prolonged period of abstinence. In some who are especially susceptible it may supervene after a debauch of only a few hours' duration. It is characterized by a flushed face, injected conjunctivæ, bounding pulse, and throbbing carotids. The delirium is more violent than in the chronic form, and the patient can with difficulty be restrained from inflicting injury upon those around him.

The treatment consists in removing the cause and diminishing the cerebral hyperæmia. No more alcohol must be allowed in any shape or form. Opium is also contra-indicated, but the bromide of sodium or potassium in half-drachm doses every hour may be relied upon as an invaluable sedative. In addition, the cold douche or an ice-bag should be applied to the head, and a double seidlitz powder given every hour until the bowels have been freely moved. If the stomach be full, an emetic of ipecacuanha or apomorphia should precede all other medication.

Chronic alcoholic delirium, or delirium

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tremens is only found in old drunkards after an unusually long debauch, or in a debauch of ordinary length, but during which the stomach has become so disordered that little or no food can be retained or assimilated. In some cases the patient loses all desire for drink as well as for food, and when the delirium is developed in a day or two, his friends ascribe it to the sudden stoppage of the alcohol. This is an error, however. The delirium in all cases of chronic alcoholism is symptomatic of exhaustion, it is true, but it is also symptomatic of the disturbing influence of the alcoholic poison upon the cerebral gray matter, and neither normal digestion nor rational cerebration can be re-established until the greater portion of the alcohol in the system has been eliminated, or its action neutralized by appropriate remedies.

The cerebral congestion which is present in these cases is passive in character. The pulse is rapid but feeble, the tongue is often heavily coated, the hands and feet are cold, and the face becomes pale and anxious. All the symptoms are those of depression, and the patient, instead of endeavoring to injure those around him, implores them to protect him from the objects by which he imagines he is surrounded.

At one time all cases of delirium tremens were treated by large doses of opium or chloral, under the mistaken idea that the delirium was due to over-excitation, and that sleep was the desideratum which must be secured. Under this treatment sleep was often obtained, but in many cases it was the sleep from which there was no waking. It is now known that the delirium is due to exhaustion, and that if the patient's strength can be restored by suitable aliment, natural sleep will follow as soon as the alcohol is eliminated from the system. Consequently hot coffee and beef-tea occupy a prominent place in all the plans of treatment now in vogue. Medicinally, chloral and the bromides are the agents most frequently employed, and they undoubtedly are beneficial.

Quicker and better results, however, can be obtained from the administration of nux vomica or its alkaloid, strychnia. The value of either of these in overcoming the gastric disturbance and nervous prostration which remain after the delirium subsides has long been known, but their still greater value in preventing or aborting the delirium is not sufficiently appreciated. Our attention was first drawn to their efficiency in this respect by an article written in 1875 by Dr. H. C. Morey, in the Pacific Medical Journal, in which he related the case of a drunkard, who, after a protracted debauch, was accustomed to sober himself up by taking several grains of strychnia at one dose.

Since then we have given nux vomica in a number of cases of chronic alcoholism, in which delirium was either present or impending, and with uniformly gratifying results. The treatment in each case was begun by the administration of a bottle of citrate of magnesia. If this was rejected by the stomach another was given in a few minutes. The patient was then directed to take a small cup of coffee or beef-tea every hour, and also ten drops of the tincture of nux vomica every hour for six hours. At the end of that time the delirium was either much diminished or completely relieved, the nervousness and trembling no longer existed, and the patient was able to sit up and talk in a rational manner. The dose of nux vomica was then lessened to five drops every two or three hours, but no effort was made to procure sleep for twenty-four hours. Then, if there were no cardiac counter-indications, a quarter of a grain of morphia was given, and repeated in an hour if necessary. In cases complicated by valvular disease, or probable atheroma, sleep can be safely obtained by the administration every two hours of thirty grains of bromide of sodium and fifteen drops of the tincture of digitalis.

The essential part of the treatment, however, and to which we especially desire to call attention, is the employment of nux vomica early in the case as a direct physiological antidote to the alcohol. Its value is due to the fact that it is an excito-motor, while alcohol is a motor-depressant. Larger doses than those mentioned may be given, if required. In a case recently reported by M. Lardier in the Journal De Medicine, the patient, after taking small amounts of strychnia without effect, rapidly improved when given twelve grains in one day. This heroic dose will, however, rarely be found necessary.

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# ASSOCIATION NEWS.

## REPORT OF THE COMMITTEE

APPOINTED TO ARRANGE FOR THE MEETING OF THE INTERNATIONAL MEDICAL CONGRESS IN AMERICA, IN 1887.

AT the regular annual meeting of the American Medical Association, held in New Orleans, in April, 1885, the following resolutions were adopted:—

1. "*Resolved*, That the Committee appointed by this Association, to arrange for the meeting of the International Medical Congress in America, in 1887, be enlarged by the addition of thirty-eight members, one from each State and Territory, the District of Columbia, the Army, Navy, and Marine Hospital Service, to be appointed by the Chairman at this meeting, and that the Committee, thus enlarged, shall proceed at once to review, alter, and amend the motions of the present Committee as it may deem best."

(This resolution was amended by the provision, "that the members of the Committee should be selected by the respective State delegations.")

2. *Resolved*, That the Committee appointed in pusuance of a resolution adopted by this Association, April 30, 1885, to constitute an addition to the original Committee of eight previously appointed to invite and make arrangements for the meeting of the International Medical Congress, to be held in Washington, D. C., in 1887, be, and the said Committee is, hereby authorized and empowered to select a Chairman and a Secretary, and to fill all vacancies that may occur by death or inability to attend in the Committee, and to appoint the officers of the Congress."

The following is a list of the Committee enlarged in accordance with the first resolution as amended:—

W. E. Anthony, M.D., Providence, R. I.; G. Baird, M.D., Wheeling, W. Va.; Robert Battey, M.D., Rome, Ga.; F. W. Beard, M.D., Vincennes, Ind.; *J. S. Billings, M.D., U. S. Army, Washington, D. C.; *J. M. Browne, M.D., U. S. Navy, Washington, D. C.; L. P. Bush, M.D., Wilmington, Del.; H. F. Campbell, M.D., Augusta, Ga.; R. Beverly Cole, M.D., San Francisco, Cal.; E. P. Cook, M.D., Mendota, Ill.; W. C. Dabney, M.D., Charlottesville, Va.; Charles Dennison, M.D., Denver, Col.; W. E. Duncan, M.D., Ellendale, Dakota Ter.; J. W. Dupree, M.D., Baton Rouge, La.; Ellsworth Eliot, M.D., New York City; *G. J. Engelmann, M.D., St. Louis, Mo.; N. F. Essig, M.D., Plattsburg, Mo.; *Austin Flint, M.D., LL.D., New York City; E. P. Frazer, M.D., Portland, Oregon; George F. French, M.D., Minneapolis, Minn.; A. Y. P. Garnett, M.D., Washington, D. C.; S. C. Gordon, M.D., Portland, Me.; J. W. S. Gouley, M.D., New York City; F. M. Gunnell, M.D., U. S. Navy, Washington, D. C.; John B. Hamilton, M.D., U. S. Marine Hospital Service, Washington, D. C.; *I. M. Hays, M.D., Philadelphia, Pa.; *C. Johnston, M.D., Baltimore, Md.; George A. Ketchum, M.D., Mobile, Ala.; R. A. Kinloch, M.D., Charleston, S. C.; D. A. Linthicum, M.D., Helena, Ark.; John S. Lynch, M.D., Baltimore, Md.; J. J. McAchran, M.D., Laramie City, Wyom. Ter.; J. W. McLaughlin, M.D., Austin, Texas; R. C. Moore, M.D., Omaha, Neb.; Robert Murray, M.D., U. S. Army, Washington, D. C.; R. D. Murray, M.D., Moultrie, Fla.; J. W. Parsons, M.D., Portsmouth, N. H.; William Pierson, M.D., Orange, N. J.; N. J. Pitman, M.D., Tarboro, N. C.; *L. A. Sayre, M.D., New York City; X. C. Scott, M.D., Cleveland, O.; *Nicholas Senn, M.D., Milwaukee, Wis.; John V. Shoemaker, M.D., Philadelphia, Pa.; F L. Sim, M.D., Memphis, Tenn.; A. R. Smart, M.D., Hudson, Mich.; D. W. Stormont, M.D., Topeka, Kan.; J. M. Taylor, M.D., Corinth, Miss.; E. F. Upham, M.D., West Randolph, Vt.; W. H. Wathen, M.D., Louisville, Ky.; W. Watson, M.D., Dubuque, Iowa; W. C. Wile, M.D., Sandy Hook, Conn.; A. H. Wilson, M.D., Boston, Mass.

At an informal meeting of the Committee, held at New Orleans during the session of the American Medical Association, in April, 1885, Dr. R. Beverly Cole, of San Francisco, Cal., was elected temporary Chairman, and Dr. John V. Shoemaker, of Philadelphia, Pa., was elected temporary Secretary.

The Committee held its first regular meeting at Chicago, Ill., on June 24th and June 25th, 1885, for the purposes of organization and the transaction of the business committed to it by the American Medical Association.

In order to facilitate the holding of meetings in different sections of the country, the Committee deemed it advisable to select a Vice-Chairman, in addition to a Chairman and Secretary.

The following named members were present at the meeting held in Chicago:—

G. Baird, M.D., Wheeling, W. Va.; Robert Battey, M.D., Rome, Ga.; F. W. Beard, M.D., Vincennes, Ind.; *J. S. Billings, M.D., Washington, D. C.; R. Beverly Cole, M.D., San Fran-

* Resigned.

* Resigned.

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cisco, Cal.; E. P. Cook, M.D., Mendota, Ill.; W. E. Duncan, M.D., Ellendale, Dakota Ter.; Ellsworth Eliot, M.D., New York City; N. F. Essig, M.D., Plattsburg, Mo.; G. F. French, M.D., Minneapolis, Minn.; A. Y. P. Garnett, M.D., Washington, D. C.; John B. Hamilton, M.D., Washington, D. C.; *I M. Hays, M.D., Philadelphia, Pa.; George A. Ketchum, M.D., Mobile, Ala.; D. A. Linthicum, M.D., Helena, Ark.; John S. Lynch, M.D., Baltimore, Md.; J. W. McLaughlin, M.D., Austin, Texas; X. C. Scott, M.D., Cleveland, O.; *Nicholas Senn, M.D., Milwaukee, Wis.; John V. Shoemaker, M.D., Philadelphia, Pa.; F. L. Sim, M.D., Memphis, Tenn.; A. R. Smart, M.D., Hudson, Mich; D. W. Stormont, M.D., Topeka, Kan.; E. F. Upham, M.D., West Randolph, Vt.; W. H. Wathen, M.D., Louisville, Ky.; W. Watson, M.D., Dubuque, Iowa; A. H. Wilson, M.D., Boston, Mass.

The resignation of Dr. Austin Flint, of New York, as a member of the Committee, was presented and accepted. Dr. J. W. S. Gouley, of New York, was elected to fill the vacancy, and took his seat with the Committee.

The Committee then organized, a majority of its members being present, by the election of the following officers:—

Chairman, Dr. R. Beverly Cole, San Francisco, Cal.; Vice-Chairman, Dr. John S. Lynch, Baltimore, Md.; Secretary, Dr. John V. Shoemaker, Philadelphia, Pa.

After the organization of the Committee, the number of members necessary for a quorum for future meetings was fixed at fifteen.

The following preamble and resolutions were adopted, to apply to future meetings of the Committee:—

"*Whereas*, It is expedient that the meetings of this Committee shall represent, as far as practicable, the profession of all portions of our country.

"*Resolved*, That any member of this Committee who may be unable to attend a meeting, shall be empowered to send as his proxy for the meeting any member of the American Medical Association in good professional standing and a resident of his State or a member of his Government Department."

In the course of the meeting in Chicago, on June 24th and 25th, 1885, a plan of organization of the Congress was adopted, certain officers of the Congress were appointed, in accordance with the instructions received from the American Medical Association, and the Committee adjourned.

* Resigned.

The revised rules for the organization of the Congress and a revised list of officers will be presented with this report.

In August, 1885, the Chairman, the Vice-Chairman, and the Secretary, after consultation and communication with members, called a meeting of the Committee, to be held in New York City, September 3, 1885, for the purposes of revision of the rules and the filling of certain vacancies in the list of officers of the Congress.

The Committee met in New York City, September 3, 1885, the following named members being present:—

Dr. G. Baird, Dr. Robert Battey, Dr. L. P. Bush, Dr. R. Beverly Cole, Dr. W. C. Dabney, Dr. Ellsworth Eliot, Dr. A. Y. P. Garnett, Dr. S. C. Gordon, Dr. J. W. S. Gouley, Dr. J. B. Hamilton, Dr. George A. Ketchum, Dr. R. A. Kinloch, Dr. D. A. Linthicum, Dr. John S. Lynch, Dr. R. C. Moore, Dr. William Pierson, Dr. N. J. Pitman, Dr. L. A. Sayre, Dr. X. C. Scott, Dr. John V. Shoemaker, Dr. F. L. Sim, Dr. E. F. Upham, Dr. W. H. Wathen, Dr. W. C. Wile, Dr. A. H. Wilson.

The following named members were represented by proxies:—

Dr. E. P. Cook, by Dr. N. S. Davis, proxy; Dr. A. R. Smart, by Dr. William Brodie, proxy; Dr. J. M. Taylor, by Dr. E. P. Sale, proxy.

The Committee was called to order at 12 M., September 3, 1885, by the Chairman, Dr. R. Beverly Cole.

The resignation of Dr. L. A. Sayre, of New York, as member of the Committee, was received and accepted, and Dr. A. Flint, Jr., of New York, was elected to fill the vacancy and took his seat with the Committee. The resignation of Dr. Sayre was caused solely by ill health.

The following "Rules" were unanimously adopted:—

RULES.

1. The Congress shall consist of members of the regular profession of medicine, and of such other scientific men as the Executive Committee of the Congress may see fit to admit, who shall have inscribed their names on the register and shall have taken out their tickets of admission.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

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Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen Sections:—

I. General Medicine.
II. General Surgery.
III. Military and Naval Surgery.
IV. Obstetrics.
V. Gynæcology.
VI. Therapeutics and Materia Medica.
VII. Anatomy.
VIII. Physiology.
IX. Pathology.
X. Diseases of Children.
XI. Ophthalmology.
XII. Otology and Laryngology.
XIII. Dermatology and Syphilis.
XIV. Public and International Hygiene.
XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
XVI. Psychological Medicine and Diseases of the Nervous System.
XVII. Dental and Oral Surgery.

4. The General Meetings of the Congress shall be for the transaction of business and for addresses and communications of general scientific interest.

5. Questions and topics that have been agreed upon for discussion in the Sections shall be introduced by members previously designated by the titular Officers of each Section. Members who shall have been appointed to open discussions shall present in advance statements of the conclusions which they have formed as a basis for debate.

6. Brief abstracts of papers to be read in the Sections shall be sent to the Secretaries of the proper Sections on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress.

Papers relating to topics not included in the lists of subjects proposed by the Officers of the Sections may be accepted after April 30, 1887; and any member wishing to introduce a topic not on the regular lists of subjects for discussion shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress, and such notices shall be promptly transmitted by the Secretary-General to the Presidents of the proper Sections. The titular officers of each Section shall decide as to the acceptance of such proposed communications and the time for their presentation.

7. All formal addresses, scientific communications and papers presented, and scientific discussions held at the General Meetings of the Congress, shall be promptly given in writing to the Secretary-General; and all papers presented and discussions held at the meetings of the Sections shall be promptly given in writing to the Secretaries of the proper Sections.

No communication shall be received which has already been published, or read before a society.

The Executive Committee, after the final adjournment of the Congress, shall direct the editing and publication of its "Transactions," and shall have full power to publish the papers presented and the discussions held thereon, either in full, in part, or abstract, as in the judgment of the Committee may be deemed best.

8. The official languages of the Congress shall be English, French, and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exception of the readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French, and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussion shall be printed in English.

10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections, shall together constitute an Executive Committee of the Congress, which Committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

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11. The Officers of the Congress shall be a President, Vice-Presidents, a Secretary-General, four Associate Secretaries, one of whom shall be the French Secretary, and one of whom shall be the German Secretary, a Treasurer, and the Chairman of the Finance Committee.

12. The officers of each Section shall be a President, Vice-Presidents, Secretaries, and a Council.

13. The officers of the Congress and the officers of the Sections shall be nominated to the Congress at the opening of its first session.

14. The Executive Committee shall, at some convenient time before the meeting of the Congress, prepare a list of foreign Vice-Presidents of the Congress and foreign Vice-Presidents of the Sections, to be nominated to the Congress at the opening of its first session.

15. There shall be a standing Committee on Finance, composed of one representative from each State and Territory, the District of Columbia, the Medical Department of the Army, the Medical Department of the Navy, and the Marine Hospital Service.

The Chairman of the Finance Committee shall report to the Executive Committee of the Congress.

Each member of the Finance Committee shall appoint a local Finance Committee for his State, Territory, District, or Government Department, consisting of one or more members from each Government Department or Congressional District.

Each local Finance Committee shall report through its Chairman to the Chairman of the Finance Committee of the Congress.

Dr. S. C. Gordon, of Maine, recalled his withdrawal from the Congress, which action was accepted by the Committee.

The following named gentlemen were elected to fill vacancies in the Committee of Arrangements:—

Dr. J. K. Bartlett, Wisconsin; Dr. J. H. Baxter, U. S. Army; Dr. George Goodfellow, Arizona; Dr. Henry Leffmann, Pennsylvania; Dr. John Morris, Maryland; Dr. J. R. Tipton, New Mexico; Dr. Thomas J. Turner, U. S. Navy.

The following resolution was adopted:—

*Resolved*, That the representative or representatives in this Committee from each State, Territory, or Government Department, shall organize the Financial Committees in their respective States, Territories, or Government Departments.

It was decided that no person should occupy more than one position in the organization of the Congress.

It was also decided that, in the published lists of the Officers of the Congress, the names of the Vice-Presidents and Secretaries of the Congress, and the Vice-Presidents, Secretaries, and members of Councils of the Sections, should be arranged alphabetically.

## OFFICERS OF THE CONGRESS.

### PRESIDENT.

Austin Flint, M.D., LL.D., New York.

### VICE-PRESIDENTS.

W. O. Baldwin, M.D., Alabama.
H. I. Bowditch, M.D., Massachusetts.
William Brodie, M.D., Michigan.
Henry F. Campbell, M.D., Georgia.
W. W. Dawson, M.D., Ohio.
R. Palmer Howard, M.D., Canada.
E. M. Moore, M.D., New York.
Tobias G. Richardson, M.D., Louisiana.
Lewis A. Sayre, M.D., New York.
J. M. Toner, M.D., District of Columbia.
The President of the American Medical Association.
The Surgeon-General of the United States Army.
The Surgeon-General of the United States Navy.
The Supervising Surgeon-General of the United States Marine Hospital Service.

### SECRETARY-GENERAL.

Nathan S. Davis, M.D., LL.D., Chicago, Ill.

### TREASURER.

E. S. F. Arnold, M.D., M.R.C.S., New York.

### CHAIRMAN OF THE FINANCE COMMITTEE.

Frederick S. Dennis, M.D., M.R.C.S., New York.

## EXECUTIVE COMMITTEE OF THE CONGRESS.

### GENERAL OFFICERS.

Austin Flint, M.D., LL.D., President of the Congress.
Nathan S. Davis, M.D., LL.D., Secretary-General.
E. S. F. Arnold, M.D., M.R.C.S., Treasurer.
Frederick S. Dennis, M.D., M.R.C.S., Chairman of the Finance Committee.

### PRESIDENTS OF THE SECTIONS.

A. B. Arnold, M.D., General Medicine.
William T. Briggs, M.D., General Surgery.
Henry H. Smith, M.D., Military and Naval Surgery.
DeLaskie Miller, M.D., Obstetrics.

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Robert Battey, M.D., Gynæcology.
F. H. Tirrell, M.D., Therapeutics and Materia Medica.
William H. Pancoast, M.D., Anatomy.
John C. Dalton, M.D., Physiology.
E. O. Shakespeare, M.D., Pathology.
J. Lewis Smith, M.D., Diseases of Children.
A. W. Calhoun, M.D., Ophthalmology.
S. J. Jones, M.D., Otology and Laryngology.
A. R. Robinson, M.D., Dermatology and Syphilis.
Joseph Jones, M.D., Public and International Hygiene.
Henry O. Marcy, M.D., Collective Investigation, Vital Statistics, and Climatology.
John P. Gray, M.D., LL.D., Psychological Medicine.
Jonathan Tafft, M.D., Dental and Oral Surgery.

LOCAL COMMITTEE OF ARRANGEMENTS.

(With power to increase their number.)

A. Y. P. Garnett, M.D., Chairman, District of Columbia.
The Surgeon-General U. S. Army.
The Surgeon-General U. S. Navy.
The Supervising Surgeon-General U. S. Marine Hospital Service.
J. H. Baxter, M.D., District of Columbia.
C. H. A. Kleinschmidt, M.D., District of Columbia.
N. S. Lincoln, M.D., District of Columbia.
J. M. Toner, M.D., District of Columbia, and such additional members of the profession in the District of Columbia as the Executive Committee of the Congress may select.

Lists of Vice-Presidents, Secretaries, and Councillors for each Section were named by the Committee of Arrangements, but as it was not practicable to ascertain at once who would accept the places assigned them, or who of those who had been announced in the medical press as declining to accept positions before the present rules and organization had been adopted, as given heretofore, might wish to withdraw such declination, the final adjustment of these offices was referred to the Executive Committee of the Congress, and all correspondence in relation thereto was transferred to the Secretary-General of the Congress.

On motion, the Committee of Arrangements adjourned, subject to the call of the Chairman of the Committee.

JOHN V. SHOEMAKER, M.D.,
*Secretary of the Committee of Arrangements.*

# CORRESPONDENCE.

## *OUR TEXAS LETTER.*

CITY OF AUSTIN, EMPIRE OF TEXAS,
September 4, 1885.

*Editor Medical Bulletin, Philadelphia.*

"If at first you don't succeed, try, try again" must have been very thoroughly drilled into the disposition of our Texas physicians when they were schoolboys, if we are to judge by the pertinacity and determination with which they keep pegging away at medical legislation. They are, indeed, like Napoleon's Old Guard, repulsed, but not beaten; repulsed again, but to return to the charge with increased vim and vigor, and determined to do or die! Notwithstanding the humiliating failure to procure the passage of a medical bill last year, which attended an organized and intelligent and persistent effort on the part of the State Medical Association's special committee, an account of which I had the honor to read at the recent convention of American medical editors at New Orleans, and which paper has since been published in your excellent journal, they are not discouraged; and so far from abandoning the cause, the Association has planned for another effort to be made at the next session of the Legislature, and we *still hope* to succeed. The report of the Committee to the Association at its last meeting was so well received,—their work and efforts being unanimously endorsed, and a vote of thanks and approval passed,—that the same Committee, originally appointed, have accepted the task for another trial. When I say the original Committee, I mean the original Committee of three,—for three others were afterwards added, and one of the latter is too much disgusted to consent to serve again. (You may guess his name.) In addition to the framing of a bill by the Committee to meet the exigencies of the case, it has been suggested by the writer, and it is believed the suggestion will be adopted, that the State Medical Association appoint a special Committee of three in each legislative district who will pledge themselves to personally see the representatives from each district, and to see them thoroughly, and to keep seeing them till they have succeeded in convincing them of the great and pressing necessity of a law to regulate the practice in the interest of the public safety; to acquaint them with the numerous instances of flagrant malpractice, of which physicians alone hear, and by which lives are sacrificed; to inform them of the fact that twenty-six States in the American Union now have such laws; and to point out to them the beneficent effect of those laws to those States, and the doubly damaging effect they are

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having on Texas by driving out the refuse to seek homes on the hospitable shores of the New Empire, where freedom and liberty are the watchwords, and where one man is considered as good as another,—and, in many instances, as the Irishman would say, "a good deal better." I mean, where,—there being absolutely no restrictions placed on the high and responsible and dangerous privilege of practising medicine,—any man can, and many do, engage in the practice without a moment's preparation or study. One of our correspondents, writing on this subject, says: "I was visiting some patients with Dr. R., in an adjoining county, when, riding along the road, we were overtaken by a long, lank specimen of a Texan, who asked us a great many questions about the diseases of the country, and the remedies used, and especially about the domestic remedies and indigenous plants; 'Such,' he said, 'as a person could use when they can't get a doctor handy.' Unsuspecting, we talked freely to him, and imagine our surprise when he turned up, next week, in a neighboring village, a full fledged doctor, having *graduated in that six-mile ride!*" That is not an exaggeration, "the woods are full of them," and the necessity of suppressing them is daily growing more urgent.

By the plan suggested,—*i.e.*, by taking the Legislature in *detail*—at home—away from the distracting influences which surround the rural Solons when on duty at the capitol; away from "four-eyed Browns;" away from the misrepresentations of those who call all attempts at medical legislation "persecution of homœopathy," and make the Solons believe it is only a "Doctor's fight;" and who, by appealing to the prejudice of the credulous representatives, engender a spurious sympathy for the "weaker party," as they call themselves, it is hoped to succeed in getting the desired legislation. At least, when the Legislature assembles, the representatives will be in possession of *facts*, and will be in a position to vote intelligently. It is hoped, in other words, to educate the Legislature up to the point of comprehending the magnitude of the evil complained of, and of the necessity of a remedy for it. Talk of educating the people up to it!—that is Utopian. It would take seven hundred years to drill into the heads of a majority of the people any other idea than that disease is an entity, an enemy, a kind of spiritual bugaboo that invades and takes possession of the system, and has to be "driven out," and that such and such medicines are "good for" such and such diseases,—age, sex, temperament, physical condition and surroundings making no difference; a drug "good for" a given case is "good for" that ailment in every body and under all circumstances, including "*emergencies*," like "Dr. Hayden's Viburnum Compound," so extensively advertised in *medical journals*.

That permanent and persistent belief, born in the people and perpetuated generation after generation by industrious almanac makers, etc., affords another explanation why homœopathy takes so readily with the ignorant. One "remedy" is "good for" so many ailments (or symptoms rather), and for the convenience of the people they are arranged alphabetically sometimes, or something after this style: A little book and a case of little vials, filled with pellets, is left at the house, and the subject is arranged thus in the book: "Pain in head, pain in back, pain in chest, pain anywhere, purging, puking, take nux;" "sick stomach, sour stomach, swimming in the head, sprain, sores, syph., sour belch, take nux," and so on, "nux" being "good for" all the *symptoms* that "flesh is heir to." How charmingly simple! how instructive! I happened to pick up a homœopathic pamphlet lately, published in Texas, and a leading homœopathic light (weight) in this State is reported in it as having said in a speech at a homœopathic pow-wow recently, that he "had discovered that *the* remedy for all acute diseases in the negro is *bryonia!*" and immediately every brother present pops it down in his note-book, "Bryonia" good for "all diseases of the negro." Now, it only remains for this little hannah-man to "discover" *the* remedy for all the diseases of the white man, the Chinaman, and the Indian, and he will have it down fine,—"Homœopathy in a nutshell," or "every man his own Hanne-man." But enough on this little subject. Whenever I begin to speak of the subject, I do not know why, but a ridiculous paraphrase on Hood comes into my head:—

"Pick him up tenderly,
Handle with care,
Fashioned so slenderly,
Young and so"—soft.

Yellow fever having broke out at Vera Cruz, in Mexico, it became necessary to establish an international quarantine, hence our excellent State Health Officer, R. M. Swearingen, has placed a corps of sanitary inspectors at all the gateways of commerce and travel between us and Mexico; and all incoming trains from Mexico are thoroughly inspected, and no passenger is allowed to enter Texas who cannot bring a certificate that he has not been, within fifteen days, exposed to the infection. We feel safe from an invasion, under the shrewd and intelligent management of our health officer and his assistants.

In a former letter I promised to give you some account of a great work undertaken by the Texas State Medical Association. It is nothing short of a compilation of all the surgery done by Texas surgeons from the annexation to the present date The work was originally (1877) given to a Committee of able members, of which

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Committee, Dr. George Cupples, of San Antonio, is chairman (an Alumnus of Edinburgh, Scotland). The Committee made a good report at the last meeting of the State Medical Association, showing, in the aggregate of cases reported to the Committee up to December 31, 1877, one thousand and eight hundred and thirty-seven operations. These were comprised in thirteen classes, and the report shows the ratio of recoveries and deaths from each class of operations, and a general summary, giving the ratio of recovery and death in major and in minor operations, and in the sum total of operations; and the number of cases of secondary hemorrhage, of erysipelas, of gangrene, of pyæmia, and of septicæmia, and, finally, the accidents resulting from the use of anæsthetics.

This report, up to 1877 only, is designed as a basis on which to make an annual report till finished up to date, and then continued from year to year. The whole will make a most valuable contribution to the surgical history of the world.

The London Lancet sneeringly inquired, some time ago, "What good [professionally, that is] can come out of Texas?" and the Chairman makes reference to it in his report. This report, when finished, will give, we hope, a satisfactory answer to the inquiry, and will show that "the surgeons of Texas, country doctors though they be, with no long string of academic honors illustrating their names," but, on the contrary, "scattered over a vast territory, frequently isolated from professional intercourse with their brethren in innumerable instances, compelled to rely on their own resources, and where, by delay or hesitation human life would be lost (not in well appointed hospitals, remember, supplied with every means and appliance that modern science and marvellous ingenuity of the age have placed at his disposal, but under the most difficult circumstances, deprived even of necessary instruments); compelled often (as has fallen to the lot of some of our number) to amputate a limb in a negro cabin with a bowie-knife and a carpenter's saw, are second to those of no country in the world." The report, the Chairman says, "will show the hard, every-day work of Texas surgeons,—the views and modes of procedure of surgeons educated in the schools of America and Europe,—restricted by the influence and opinion of no one master, and no one school of practice;" and, we predict, will somewhat surprise those who, like the London Lancet, think no good can come out of Texas.

The example set by the Texas State Medical Association in undertaking and carrying to completion the collection of this valuable data, might with advantage be followed by the Associations of other States. Thus could be placed yearly in the hands of the American Medical Association for publication, such an array of authentic statistics as could be procured in no other manner. It would form no unworthy supplement or companion to that magnificent work which will ever remain a lasting monument to the industry and the professional ability of the officers of the Bureau of the Surgeon-General of the United States Army,—"The Surgical History of the Civil War."

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## *REPORT OF INTERESTING CASES*

TREATED AT

## *THE SURGICAL INSTITUTE,*

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from August number.)

NEARLY allied to the paralytic cases reported in the August number of THE BULLETIN, is another important class of cases not strictly paralytic in character, but yet having a similar origin in some occult fault of the nervous system, or some abnormal distribution of nerve-currents, and resulting in ever-varying degrees of weakness in some muscles, and of abnormal muscular contractions in others, so as to produce the several forms of deformity known as club-foot.

In the progress of this deformity there is almost universally brought about some real change of structure *in all the tissues and bones forming the medio-tarsal joint.* Especially is this so in cases originating during intra-uterine life. In these congenital cases there is not only to some extent a lack of development, as recognized by most authors, but also an actual development in perverted directions. This universal distortion of the tissues forming the medio-tarsal joint is not apt to be so evident a feature in cases *acquired* later in life, but in all old and neglected cases this universal distortion is practically always in some degree present, and this fact should not be lost sight of in the treatment.

"It is now a well-understood law of pathology, that if any part of the body, into the composition of which the muscles enter, be maintained in a state of absolute repose, or be habitually kept in one position, so that the origins and insertions of particular muscles are constantly approximated, whilst the points of origin and

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insertion of other muscles are consequently proportionately separated, a shortened, contracted condition of the first set of muscles, and an elongated, weakened state of the second set of muscles are produced."* This "law of pathology" must be extended further than merely to "parts of the body into the composition of which the muscles enter;" the same law will apply equally to ligamentous tissues; and even in the bony articulations a somewhat similar change is brought about, for if the bony articulations of joints "be habitually kept in one position," so that the articular surfaces impinge upon each other imperfectly or improperly, a change of shape in the articular facets is inevitable; where the points of pressure are abnormally great, some degree of absorptive alteration takes place, and at points abnormally relieved from pressure a developmental effort is made to bring the facets together. Though these changes may be small, they are yet very important. They seem to have been ignored or overlooked by orthopædic surgeons, though, by resections, the saw and the chisel, they have heroically endeavored, with very indifferent success, to correct grave old malformations, when of a more extensive character. Now, it will very readily be perceived that if the numerous articular facets of the bones of the medio-tarsal joint should become gradually modified, or as in congenital cases, should be actually abnormally developed, so as to cause the bones to adjust themselves together in distorted position, the foot will be continually inclined to remain in this distorted position, even though all the forces of muscular contractions are summarily removed, as can be so easily accomplished by tenotomy. The foot, it is true, after tenotomy can generally be quite easily carried into a better position, and for a time quite easily held there. But the foot, left to itself, will continue to retain its habitual distorted position after any amount of tenotomy; the joint will not of itself go into better position, no matter how completely the force of all abnormal contractions is removed. And even though the foot be held for some time in an improved position after tenotomy, unless the articular facets have been first amended, just as soon as the tendons unite, and the old forces of the muscles are applied, "everything is as bad as it was previous to the operation." It is the failure to patiently amend the facets of the bones and also the ligamentous tissues forming the medio-tarsal joint, that causes the many relapses and failures so notoriously occurring in the treatment of club-foot.

Usually, the earlier in life the treatment is begun, and the shorter the duration of the deformity, the easier will be the contest and the better will be the result. Much also will depend upon the kind, extent, and degree of deformity, and the amount of actual change that may have taken place in the structures of the joint.

In the treatment, attention should also be given to the evident perversion of the nerve-forces pertaining to the muscles acting upon the foot. For this purpose electricity is briefly mentioned by a few authors. Massage is scarcely noticed, though Gross incidentally alludes to it as "so important a means of developing the wasted limb." It is of great value for the purpose he indicates, but still more so for the effect it can be made to produce in modifying the abnormal muscular contractions. In many of the more obstinate cases I have found it of the greatest importance to pursue essentially the same line of treatment described on pages 195–6, etc., as applicable to cases of infantile paralysis, viz., kneading the limb, Junod boot, massage, and electricity. Cases of varus, or varus accompanied with some degree of equinus, are by far the most numerous, and are very often congenital. Undoubtedly a few very mild congenital cases of this form of talipes, can be corrected by a simple piece of adhesive plaster, deftly applied, so as to hold the foot in position, or even by simple manipulations of the mother or nurse; for, as every one knows, there is a strong natural tendency for many local congenital defects to undergo spontaneous correction and repair.

A few others, a grade more obstinate and deformed, can be remedied by a simple "well adjusted splint." But the vast majority will be found to require, in addition to the local treatment by massage, etc., various forms of much more complex apparatus, especially when, as often happens, the case has been long neglected or unsuccessfully treated. The obstinacy of some of these cases is surprising, and the ingenuity of the most skilful surgeon will often be taxed to the utmost.

Some of the many ingenious modifications of the well known Scarpa shoe are usually relied upon to supply the mechanical treatment

* Little's article, Holmes's Surg., Am. ed., p. 327.

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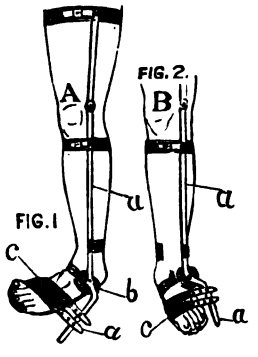
required. But they very often produce utterly unsatisfactory results. It is always difficult, and often impossible to keep the foot from remaining inverted in any of these forms of apparatus. The *shoe* is straight, and appears all right in the direction which *it* maintains upon the foot; but the foot still rolls within the shoe, and nothing is more common than to find the foot additionally deformed, and grievously tortured with huge corns and bunions, caused by the unequal and improper points of pressure. The patient is urged and compelled to walk and use the foot in these ill-fitting shoe-braces, under the delusive idea that every step tends to stretch the muscles and tendons and straighten the foot. Nothing could be further from the truth. The already irritated and abnormally contracted muscles and tendons that are thus being imperfectly contended with are, through reflex and other influences, provoked by every step into

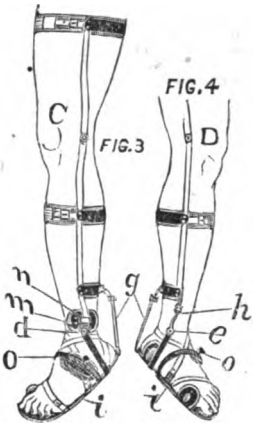
Figs. A and B.




more obstinate rebellion and more persistent contractions. The use of this shoe, or any of its modifications for the correction of the varus deformity, is an error, though a modification of it may be very useful as a wearing-shoe after the cure has been practically effected. The reason is obvious; a moment's reflection will show that it attempts to do too much. Not only is varus generally accompanied with evident, though various degrees of equinus, but even the apparently pure cases of varus will, when the attempt is made to rotate the foot into position, manifest a distinct tendency for such contraction of the gastrocnemii muscles as to demonstrate a decided equinus element. The foot is, therefore, in all these cases practically distorted in more than one direction; indeed, there are no English words that will define this peculiar distortion better than the perhaps inelegant ones of a *compound twist*. The difficulty of the treatment is still further enhanced by the circumstance that with every degree of undoing of the deformity, there is a variation of the relative direction of the twisted positions which the foot assumes. It is, therefore, for several reasons, much the better way to correct the varus deformity first, without any reference to the equinus that may be present, or that may manifest itself in the progress of the treatment.

The varus alone is easily overcome by a simple brace, such as shown in Figs. A and B; the outer bar, *a*, projects down beyond and along the outer side of the foot, with a pad for counter pressure at *b*; to this is fastened a piece of elastic webbing, *c*, which passes over the inside of the foot and draws it outward. The bar *a* is from time to time bent further outward, and the elastic band gradually tightened till the in-

Figs. C and D.




version of the foot is entirely overcome, the foot invariably finally acquiring the position of equinus as shown in Fig. B.

The inversion of the foot is thus easily overcome, the varus is cured, and the case is converted into a simple equinus, in the treatment of which, as so tersely put by Hamilton,* "apparatus can be applied with great advantage, as there is no difficulty in obtaining points of support for the application of forces."

The apparatus I prefer for the purpose of overcoming the equinus is illustrated in Figs. C and D. C shows the outside of the brace as applied to the leg and foot, and D the inside. The sole of the foot is securely applied to the steel plate, *i* (which is, of course, properly padded beneath the foot), by means of straps and a screw pad adjusted with a steel arch over the instep,

* Surgery, page 464.

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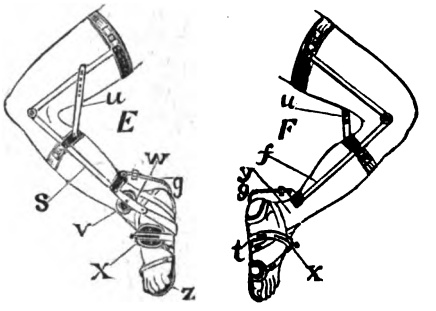
as at *o*. There is a joint at *d*, on the outside, and *e* on the inside, of the bars ascending the leg, so as to accommodate any degree of flexion or extension of the foot, which can be perfectly regulated and controlled by the screw-extension apparatus, *g*. There is also a screw-extension at *h*, by which any tendency to inversion of the foot can be regulated. The patient can generally walk with comfort in these braces, and by so doing aids in the stretching of the tendo Achillis and gastrocnemius. No corns, bunions, or bruises are produced by these braces, and rarely is the spasmodic irritability of the gastrocnemius increased by this method of stretching it.

Should this, however, occur as pointed out in a preceding paragraph, the tendon may be cut or another form of brace be applied, as depicted in Fig. E, showing outside of brace as applied, and F the inside of the same. The foot is securely applied to a steel sole, *z*, by means of straps, and a screw pad adjusted with a steel arch over the instep, as at *x*. The leg is held in a flexed position by an adjustable band, *u*, attached to the outer side bar, *s*, above and below the knee. There is a pad for counter pressure above the ankle, at *v*, and a hinge opposite the ankle, below the point, *w*, to permit of flexion and extension of the foot. At the point, *w*, the bar is from time to time bent outward, which resistlessly everts the foot, as the outer bar, *f*, is cut off above the outer ankle, as at *y* (Fig. F). The extension screw, *g*, regulates the equinus. The flexed position of the leg maintained by this brace almost completely removes the spastic action and rigidity of the gastrocnemius, which is always developed in untwisting a varus by the Scarpa shoe, or any of its various modifications or transformations, into a "club-foot stretcher."

The advantages of this method are evident. Cutting of the tibial tendons is never required as the varus is easily overcome. This is a matter of great importance, for, as pointed out by Hamilton,* they never unite, and the power of inverting the foot and elevating the toes is thus forever impaired. There is no such objection to cutting the tendo Achillis or plantar fascia, but this only becomes necessary in old, obstinate, and aggravated cases. The time occupied in bringing the foot into a normal position permits of the gradual stretching of the abnormally shortened ligaments till they grow longer, whilst the extension is removed from the elongated ligaments till they contract and grow shorter; the contest of opposing forces between the apparatus and the contracting muscles gradually changes the points of pressure on the bones, and favors and produces an amendment and restoration of the articular facets; so that all the components of the joint are amended, the cure is a more perfect one, and relapses are rare. The pains taken with faradization, massage, vacuum treatment, etc., sensibly restores and strengthens the weakened muscles, overcomes spastic contractions, and restores the equilibrium of the muscles acting on the medio-tarsal joint.

In treating calcaneus, the indications are to restore as far as possible the loss of power, which is nearly always evident in the muscles which terminate in the tendo Achillis, and overcome the contractions of the muscles in the front of

FIG. E. FIG. F.




the leg. The arch of the foot should be kept well pressed down by a steel arch and screw pad surmounting the instep, as represented at *o*, in Fig. C. This arrangement may be either attached to an ordinary shoe brace with steel insole, or a sandal brace as in Fig. C, which will not need the extension screw, *h*, except in the exceedingly rare cases of calcaneo varus.

The screw extension ratchet, *g*, will need to be replaced by a sufficiently stout elastic band, or "rubber muscle" to elevate the heel and in some measure replace the lost activity of the gastrocnemius.

True valgus is rather a rare deformity, spurious valgus, or flat-foot, is a very common one. The two affections are, moreover, entirely distinct in their origin, though the ultimate result is the production of a deformity having so many points of resemblance that many authors have failed to make any distinction between them, and few or none that I am acquainted

* Surgery, page 463.

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with have made the proper one. True valgus originates from precisely the same causes as other kinds of talipes—a different set of muscles acting or failing to act upon the medio-tarsal joint producing a different distortion of the joint. In this case the peroneii muscles by abnormal activity, or in consequence of the inactivity of their antagonistic muscles, draw the foot outward. Even a very slight eversion of the foot thus produced results in throwing the weight of the body too much upon the internal malleolus, producing an abnormal strain upon the internal lateral ligament, which soon gives way, and furnishes a facile opportunity for a rapid increase of the eversion deformity thus started. Ultimately, destruction of the plantar arch takes place, partly from the improper manner in which the weight of the body falls upon it, and partly from the spastic action of the muscles upon the tarsal and metatarsal bones.

In spurious valgus, or flat-foot, the original defect often appears to be a mere weakness or relaxation of the ligaments of the medio-tarsal joint, permitting the displacement of the tarsal bones, and the consequent destruction of the plantar arch. There is also reason to infer that there is not infrequently an original or congenital lack of precision in the shape and adjustment of the tarsal bones—points of perfection which evidently must be present to form a strong and enduring arch.*

When the arch thus gives way, the internal lateral ligament becomes much elongated and weakened, the weight of the body is thrown too much upon it, and, lastly, eversion takes place, producing a distortion in many points similar to, but not identical with, the deformity of true valgus. Thus there is not only a different cause for, but a different sequence in the production of the deformity.

Both true and spurious valgus are easily relieved, but with difficulty cured. Old and neglected cases in adults, though susceptible of very great relief, are wholly incurable. Not so, however, in infancy or during the growing period of life; then very satisfactory results, —frequently positive cures—can be obtained. By long perseverance with proper mechanical apparatus, such as will correct the eversion of the foot, restore and maintain the plantar arch, and prevent further stretching of the internal lateral ligament, we can while the foot is yet growing, assist a normal development to take place. The only cases in which relapses will occur after adult life will be those in which there is a congenital defect and general tendency to universal weakness and relaxation of the ligamentous system.

It is not difficult to overcome such abnormal muscular contractions as are met with in valgus. An ordinary leg brace attached to a shoe with a *properly constructed steel archea insole*, to maintain and restore the plantar arch, is the basis of the apparatus needed. A pad to support the inner ankle must be accurately adjusted, and *must be watched and kept so.* The simple lacing of the foot in the shoe will often be sufficient to prevent the turning up of the outer edge of the foot; if this is not sufficient an iron clip attached to the outside of the shoe will effectually prevent any tendency to eversion. This may also be supplemented with an "artificial rubber muscle" attached to and drawing upon the inner margin of the shoe. Most of the points of this form of apparatus for valgus are so old, so well known, and so commonly used that a cut to illustrate them is not needed. But the steel arch insole is no where insisted upon, yet it is the life of the whole instrument.

Little* speaks of and commends "an elastic horse-hair, India rubber, or felt pad," but deprecates iron and cork. All these are worthless compared to a steel arched insole properly shaped and adjusted to the foot in each individual case. It furnishes both the elasticity and the rigidity required for restoring the plantar arch.

"Finally, whatever mode of treatment may be adopted, it is of paramount importance that it should be carried out under the personal superintendence of the surgeon; to delegate this office to the parent or nurse, or to the patient himself, is only a waste of time, and what no sensible practitioner should ever do. I never, in fact, like to intrust the management of a case of club-foot even to an intelligent physician, for there are so many points that demand attention, that unless the greatest possible care is exercised, something will be sure to go wrong, and mar the beauty of the cure."†

Truer words were never spoken, not only as here made applicable to the management of club-foot, but also as relates to the management of all cases requiring surgico-mechanical treatment.

[To be continued.]

* Traumatic causes may and often do produce the same result.

* Holmes's Surgery, Am ed., p 352.

† Gross's Surgery, Vol. II., 6th ed., p. 1041.

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# MEDICAL NEWS AND MISCELLANY.

DR. W. M. WELCH has removed to 821 North Broad Street.

DR. ELLIOTT RICHARDSON has removed to 1829 Spruce Street, Philadelphia.

DR. ROSH LEAMAN has been appointed Demonstrator of Medicine in Jefferson Medical College.

DR. H. P. C. WILSON, of Baltimore, Md., has been elected a member of the British Medical Association.

A FRENCH edition of Professor Roberts Bartholow's Materia Medica and Therapeutics will soon be issued.

STRABISMUS.—Dr. Samuel W. Francis says that squinting is caused by micro-cock eye!—*Med. Record.*

DR. BROWN-SEQUARD has been awarded a prize of twenty thousand francs by the five French academies for his contributions to medical science.

DR. JAMES THORINGTON, resident surgeon of the Panama Railroad Company, at Aspinwall, was married on September 15th to Miss Florence M. Jennings, of Harrisburg, Pa.

VOMITING IN PREGNANCY.—A glass of beer three times a day, with meals, is highly spoken of in the treatment of severe vomiting in pregnancy.—*St. Louis Courier of Medicine.*

DR. E. O. SHAKESPEARE, who has been commissioned by the President to investigate and report upon the cholera epidemic in France and Spain, has sailed for Europe, and will probably be absent three months or more.

THE statement that Dr. Henry B. Sands has resigned from the Chair of the Practice of Surgery in the College of Physicians and Surgeons, New York, is incorrect. Dr. Sands will lecture as usual during the ensuing session.

TO ARREST HICCOUGH.—Dr. Ramos asserts that hiccough may be at once arrested by wetting the lobe of the ear with cold water, or with any fluid which by its evaporation will produce a slight degree of refrigeration.—*Med. Record.*

DR. JOHN L. ATLEE, Sr., one of the most distinguished of American physicians, and a founder and an ex-President of the American Medical Association and the Pennsylvania State Medical Society, died at his home in Lancaster, Pa., on October 1st.

DRS. H. R. MILLS, Myron Northing, John J. Mulheron, and Fitzhugh Edwards, have been selected for temporary duty at Port Huron, and Detroit, Mich., to aid the State authorities in preventing the introduction and spread of contagious diseases from Canada.

THE AMERICAN DERMATOLOGICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. Edward Wigglesworth of Boston; Vice-Presidents, Dr. I. E. Atkinson, of Baltimore, and Dr. A. R. Robinson, of New York; Secretary, Dr. G. H. Tilden, of Boston; Treasurer, Dr. H. W. Stelwagon, of Philadelphia.

ERGOT FOR HICCOUGH.—A correspondent in the Lancet calls attention to a new use for an old remedy. A policeman had hiccough which resisted all the ordinary means of relief, and he was passing into collapse, when drachm doses of liquid extract of ergot were ordered, with complete relief. Only three or four doses were required. After a period of rest the hiccough returned, but was again stopped by the ergot, and did not reappear.

THE HOSPITAL OF THE VETERINARY DEPARTMENT of the University of Pennsylvania, at Thirty-sixth and Pine Streets, was opened for the reception of sick and injured animals of all kinds, on Tuesday, September 1, 1885. This hospital has every possible facility for the best handling and care of sick animals. The animals are under the professional care of Dr. Huidekoper and Dr. Zuill, veterinarians. A blacksmith-shop and competent farrier are attached to the hospital for shoeing lame horses, under the direction of the medical staff.

AN ANATOMICAL PELVIC PESSARY.—Dr. Hofmann has just shown us letters from physicians bearing emphatic testimony to the value of his "Perfected Anatomical Pelvic Pessary."

We think his claim well grounded that his Pessary is distinguished from all others by the originality of its form, being constructed with strict reference to the pelvic anatomy.

One physician writes: "My patients report that, but for the relief afforded, they would be unaware of the presence of the pessary."

Dr. L. C. Vincent, of New York, reports the case of a lady sixty-five years of age who presented herself to him for treatment. Hers was a case of procedentia uteri, with consequent excoriations and ulcerations. The use of a No. 3 "Hofmann's Perfected Anatomical Pessary" enabled the patient to come to the city and do some shopping, and has cured the ulcerations which caused her so much pain and made her existence miserable. The Doctor also reports two other cases of retroversion very much benefited by the use of the same.

Physicians who have known only disappoint-

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ment and failure from the use of other Pessaries would do well to give Dr. Hofmann's "Perfected Anatomical" a trial.—*Braithwaite's Retrospect.*

A MEDIÆVAL INSTRUMENT FOR PREVENTING COITUS.—At a recent meeting of the American Gynæcological Society, Dr. T. Gaillard Thomas showed a relic of the Middle Ages, in the shape of a contrivance for preventing women from indulging in intercourse. It had lately been given him by a friend, by whom it had been found in the bottom of one of a number of trunks that constituted, with the odds and ends which make up their contents, the remnant of an estate in Europe that he had been called upon to take charge of. The apparatus resembled the well-known ivory affair that was furtively exhibited to tourists at the Hotel DeCluny. It consisted of a jointed iron belt to encircle the hips, to which a rigid strip of iron was connected before and behind, somewhat after the manner of a T-bandage. This strip of iron was widened where it passed over the vulva, and at that place there was a slit-like fenestra with a serrated edge, the teeth being bent somewhat outward. At the situation of the anus there was another perforated expansion, circular in this instance, and that opening also was serrated. The whole was covered with ancient-looking velvet. The strip of iron which passed between the thighs was hinged to the pelvic girdle in front, but behind (perhaps to add to its discomfort) it was secured with a lock. The original lock was remarkably antique, and bore the emblems of high nobility —perhaps royalty. On that account his friend had desired to keep possession of it, and therefore he (Dr. Thomas) had replaced it with a small modern padlock.—*Med. Herald.*

KISSING FROM A MEDICAL STANDPOINT.—A correspondent in our valued contemporary Babyhood, of September, 1885, justly condemns the custom, quite usual with some mothers, of compelling children to kiss people promiscuously. The sensibilities of children are very acute, and it is not surprising that they should strenuously object to promiscuous osculatory exercises. It is enough to make even a young child lose all faith in human nature to be compelled to kiss some people. And apart from the physical objections to the habit there are moral objections to it. If the child objects it is a species of cruelty to compel it to kiss; and, if it does not object, it may become so wedded to the habit as possibly to entail serious, moral or physical, consequences in after life.

We say "physical consequences" with good reason; for, besides such a sore accident as rupture of the membrana tympani, which has resulted from a kiss on the ear, loathsome and deadly diseases may be communicated by kissing. Any one of the contagious or infectious diseases may be so communicated, and there are certainly numerous cases on record in which diphtheria and scarlatina have been traced very directly to a kiss. How is a mother to know but that the person who kisses her child has some specific affection, that there are specific buccal lesions, which may be the direct cause of a lifetime of misery to her child, or an early and horrible death. From her standpoint, therefore, that compulsory kissing is disagreeable to the child, the correspondent of Babyhood is in the right, but, as we have shown, it is doubly wrong, in that it may, after the disagreeable act is finished and perhaps forgotten, entail the most serious consequences.—*Journal of A. M. A.*

CHRONIC CYSTITIS.—The BULLETIN was instrumental in calling my attention to the combination of drugs known as lithiated hydrangea, and a case of chronic cystitis has yielded so happily to its administration, that its report may be of interest.

Patient, a married lady, æt. 30 years, suffering from calculi, much reduced in flesh, of nervous temperament, and desponding hypochondriacal disposition. I had used at different times the simple fluid extract hydrangea, uva ursi, buchu, flaxseed tea, and elm water, as well as washing out the bladder with a solution of nitrate of silver, etc., without success. I then commenced the use of lithiated hydrangea (Lambert) in teaspoonful doses four times a day, and after three days increased to tablespoonful doses. At the end of the first week I could see no marked change, but persisted in its administration. On the morning of the eleventh day of treatment the patient was reported much worse, and my visit found her suffering intensely and continuously passing water, in small quantities, containing clots of blood. I injected four ounces flaxseed tea and laudanum into the bladder, which partially relieved the pain and tenesmus, and enabled the passage of a large quantity of water, containing three ounces, by weight, of what I supposed to be phosphate of lime. I then added fifty per cent. of the fluid extract of buchu to the lithiated hydrangea for several days, during which time she continued to pass the brickdust deposit, which was followed by a gradual improvement in her general condition. I used no other treatment except to keep hot hop poultices over the pubis. She now has no trouble whatever in passing her water, and no pain or soreness over the region of the bladder. I must ascribe the ultimate benefit to the lithiated hydrangea on account of its removal of the cause of irritation,—*i. e.*, the dissolution of the calculi.

P. MCADAMS, M.D.

ROSEDALE, Ohio.

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# BOOK REVIEWS.

*A Manual of Dermatology.* By A. R. ROBINSON, M.D., L.R.C.P. and S., Edinburgh; Professor of Dermatology at the New York Polyclinic, Professor of Histology and Pathological Anatomy at the Woman's Medical College of the New York Infirmary, Member of the American Dermatological Association, etc. With eighty-eight illustrations. New York: D. Appleton & Co., 1885.

Dr. Robinson has long been known as one of the most original investigators in the field of dermatological inquiry. His contributions to our knowledge of the histology and pathology of the skin have been accepted as authoritative by the most distinguished European dermatologists and are invariably referred to by them as decisive of the question at issue. This volume will add to his reputation, and take its place at once as a standard treatise on the subject of which it treats. It contains a concise but complete description of the symptoms, etiology, histology, diagnosis, and treatment of diseases of the skin. It is profusely illustrated by a large number of original drawings, and is marked by an absence of repetition, and a directness and felicity of expression, qualities which are especially desirable in medical publications.

*The Curability and Treatment of Pulmonary Phthisis.* By S. JACCOUD, Professor of Medical Pathology, Faculty of Paris, etc. Translated and edited by MONTAGU LUBBOCK, M.D., M.R.C.P., London. New York: D. Appleton & Co. Philadelphia: J. B. Lippincott Co., 1885.

This is one of the most important books of the nineteenth century, and one which no physician can afford to be without. The author is one of the most distinguished living authorities on the subject of phthisis, and the results of his long years of study and experience would necessarily command attention. When he states, however, that this formidable disease is capable of being cured, or at least arrested in the second or third stages as well as in the first, there will be a natural desire to sift the facts upon which this conclusion has been based. It is at times difficult to throw pre-conceived opinions to one side, but a careful examination of M. Jaccoud's work will convince even the most skeptical that the principles enunciated in it are true; and the means to be employed are the most advantageous that have yet been suggested. Phthisis is curable, but active and varied therapeutic management is requisite.

# *OUR ADVERTISERS.*

A RARE BUSINESS OPPORTUNITY offered to a limited number of the profession, who have ready money and time to represent a monopoly: $25 to $40 per day can be made. For particulars, address immediately, F. H. WRAY, Andrew, Iowa.

THE following notice appears in Daniel's Texas Medical Journal for October:—

A BENEFIT, PASS HIM AROUND.—"And now comes T. H. Bryant, 'proprietor' of 'Waukesha Glenn,' the 'Queen of Mineral Waters,' and poses as the Prince of Advertising Frauds. He is liberal with his ads—five pages at a pop—but does not pay a cent. He beat us out of the price of five pages, one insertion, and we consider ourselves lucky to have been warned by two other leading journals, more stuck. He trades on wind as well as water." This is a free ad.

THE MEDICAL BULLETIN'S pages displayed his add. three months, but its ledger displays nothing on the Cr. side of his account.

THE RUMFORD CHEMICAL WORKS, Providence, R. I., manufacturers of Professor Horsford's Acid Phosphate, have recently purchased a commodious building and warehouse near their present location, where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business, and it is pleasant to record such an evidence of well deserved success and prosperity.

WE call attention to the advertisement of Peptonized Beef in this issue. It would appear that the problem of an extractive of digested beef has been solved by Professor Preston B. Rose, formerly of the Michigan State University, and its preparation attempted on a scale commensurate with its importance. The general agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

DR. J. WILLIAMSON, of Ottumwa, Iowa, says: "I gave Papine to my wife who is never able to take any of the various preparations of opium without suffering from narcotism to a degree that virtually excludes their use. Two or three drops of laudanum will affect her profoundly for at least twenty-four hours: she takes Papine so as to get the anodyne effect without suffering narcotism or getting an unpleasant effect in any way. I have tried it in a few other cases, and these where there was a known idiosyncrasy against opium or any of the common preparations and it has pleased me in all cases. I think it gives us a valuable anodyne, the best of all the preparations of opium for narcotic subjects."

HUNTSVILLE, Ill., July 28, 1885.

Acide mannate is the most palatable and painless aperient; it is indispensable as an aperient for women during pregnancy.

A. R. ALLEN, M.D.

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

VOL. VII.. PHILADELPHIA, NOVEMBER, 1885. No. 11.

## A CLINICAL LECTURE.

### *REMOVAL OF A UTERINE FIBROMA; ANTEFLEXION; DYSMENORRHŒA; STERILITY; TREATMENT BY RAPID DILATATION.*

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: In February last, I removed from this woman a very large multiple fibroid of the womb, and with it a large portion of the womb. This was, of course, a serious operation, and at the same time I removed one ovary. I had to make what is called the "long incision." When the incision does not extend above the umbilicus, it is termed the short incision, but when it passes above this point it is called the long incision. She recovered promptly, but there has remained a fistulous opening. What is the cause of this? During the operation there was free bleeding from numerous vessels which were torn in breaking up the adhesions, and many ligatures were required, and it is probable that one of the ligatures has not become encapsulated. When an animal ligature, as silk or cat-gut, is left in the cavity of the abdomen, it is disposed of in one of two ways. I used silk thread. Little cells are thrown out which insinuate themselves in the meshes of the silk and ultimately lead to its absorption. The other way in which the ligature is disposed of is by the exudation of lymph which encapsulates the thread, just as happens in the case of a bullet, or of a needle under the skin, which may traverse long distances without exciting inflammation. Occasionally neither of these results occur, but the ligature acts as a foreign body and a fistulous tract, leading down to it, remains and continues until the offending body is thrown off. I have seen this occur after ovariotomy.

The best plan to pursue is to advise her to wait and allow this to be thrown off, but if she is in a hurry, I shall insert a sponge tent, and, after dilating the opening, try to hook the ligature out. For the present, I shall order injections of solution of carbolic acid.

I wish you to look at her face. When she first presented herself she had the facies uterina, or the uterine complexion well marked. This has now disappeared. A woman with a fibroid tumor, if she is a brunette will become very dark. If, on the other hand, she is a blonde, instead of becoming dark, she has patches of brown over the face and forehead, the technical term of which is chloasma. Anything that interferes with the womb, as pregnancy, will cause the same pigmentation. The rapidity with which the complexion of this patient cleared up after operation was astonishing. (The patient was now removed.)

The right ovary was removed in this case, and now I find a fluctuating tumor on the left side. It is an interesting question in these cases whether or not we should remove both ovaries. If the womb is removed I think it better to remove both ovaries. In ovariotomy the question also arises whether the remaining ovary should also be removed. If the woman is approaching the change of life, or there is no

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chance of her having another child, I should give the inflexible rule to remove the apparently healthy ovary, if it can be done without increasing the danger. If the operation would increase the danger, and the organ appears to be healthy, I should allow it to remain. In my experience the proportion of cases in which disease has developed in the ovary left behind has been one in fifty cases.

*Anteflexion; Dysmenorrhœa; Sterility; Rapid Dilatation.*—The next case is one of anteflexion with dysmenorrhœa. I wish, in the beginning, to disabuse your mind of one error. Many text-books speak of anteflexion as a pathological condition, and will show many forms of pessaries to be used in anteflexion and anteversion. In the great majority of cases anteflexion is not pathological. You will find in almost every unmarried woman that you examine the womb anteflexed and resting on the bladder, for this is the natural position. The mistake made is this: A girl is overworked or overtaxed at school, and her health begins to fail, and one of the first symptoms of impairment of the nervous system is irritability of the bladder. This is one of the first nervous symptoms. Every one gets it. I have often referred to an illustration which is familiar to you all, and that is that at examination time you find that you are obliged to pass water more frequently than natural. Many a lawyer and many a clergyman is compelled to urinate before entering upon a case or before delivering a sermon. The same thing is seen in the lower animals. When an animal is greatly frightened the first thing it does is to empty the bladder. A nervous bladder is, as I have said, one of the earliest phenomena of nervousness. When a woman, who has been overworked, comes to the physician complaining of bearing-down feelings, back-ache, and other nervous symptoms, and he finds the fundus resting on the bladder, he at once jumps to the conclusion that the trouble is due to anteflexion or anteversion, and thinks that he must use a pessary to overcome the difficulty. There is no anteflexion pessary which accomplishes its object which does not press on the bladder on at least two places. Granting that such a pessary is the one to be used, few women can stand it. Anteflexion, however, as I have said, is not a pathological condition in the majority of instances, and the vesical symptoms are not due to the pressure of the fundus of the uterus, but to a nervous bladder. There are exceptions to this rule. A fibroma may cause the womb to press on the bladder, or it may cause pressure on the bladder in front and on the rectum behind. Fortunately, the rectum rarely suffers from pressure on account of the protection afforded by the promontory of the sacrum.

If anteflexion is the normal condition, what is the necessity of doing any operation in this case? We do it for the relief of the dysmenorrhœa. If a woman who has not borne children complains of painful menstruation, it is in the great majority of cases due to anteflexion. This patient is twenty years old, has been married four years, and is sterile, and suffers greatly from dysmenorrhœa. The phenomena of a typical case of this kind is as follows: When menstruation begins, a few drops appear with a great deal of pain; the pain increases in severity until it reaches its acme, then there is a sudden gush of menstrual fluid with a temporary relief of pain. Gradually the pain again increases until it culminates with another expulsion. The meaning of this is that the bend in the neck of the womb prevents the menstrual fluid from escaping, and it collects in the cavity until the swelling causes the bend to straighten, and the menstrual fluid rushes out. There is then relief until the fluid again collects. This is stenosis from angulation. This is a condition which needs not a stem pessary or other kind of anteflexion or anteversion pessary, but dilatation.

The operation in vogue a number of years ago, was the cutting or bloody operation. I shall not burden you with the details of this operation, for, thank God, it has fallen into disuse. It is an operation which has caused the death of many patients. By it, the stenosis was overcome by incision. The objections to this plan are, in the first place, the danger which attends it. Many cases have died from it, and one physician in New York states that he knows of thirteen unreported cases. In the second place, it is not successful. In the majority of cases, the parts heal up and the dysmenorrhœa returns. In the third place, it deforms the cervix. The neck of the womb is cut through, and this sometimes is as objectionable as a natural laceration produced in labor.

The operation of forcible dilatation I have performed two hundred and eleven times for dysmenorrhœa and sterility. Including the

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cases in which the operation has been done for the purpose of exploring the cavity of the womb, I have done it over three hundred times. In these two hundred and eleven cases, I have never had peritonitis which caused any alarm. I have had soreness lasting for two or three days. If there is a fibroid tumor in the wall of the womb, it is well to be careful about dilating, for such a womb is a vulnerable womb and resents any injury. Some time ago, a patient was brought to me suffering excessively from dysmenorrhœa. At such times she was unable to pass water on account of the agonizing pain. This was, of course, reflex. She was compelled to take large quantities of morphia. I dilated the neck of the womb very successfully, but for ten or twelve days she suffered from uterine colic. There was no elevation of temperature, no tympanites, and no tenderness except over the womb, and I felt no alarm in regard to the case. My rule is to keep the patient in bed for two days. I used to occasionally perform the operation at my house and send the patient home in a carriage, and I have done it at the hospital and let the patient go home. My rule now is to give ether, and after the operation put the patient to bed and administer opium suppositories as may be needed. Usually two are enough.

In performing the operation I used an ordinary bivalve speculum to bring the cervix into view. Here we have an exceedingly small pin-hole os. A strong tenaculum is required to hold the cervix. To perform the operation to the best advantage two dilators are required, although one will answer most purposes. I begin with this small modified Ellinger's dilator, and catching hold of the cervix with a tenaculum, dilate the canal sufficiently to admit the second instrument. These dilators should be provided with shoulders to prevent their slipping into the uterus too far, and thus run the risk of tearing the fundus of the womb when the blades are expanded. Before introducing any instrument into the cavity of the uterus, I syringe the vagina with a solution of carbolic acid or permanganate of potassium. Having prepared the way with the smaller instruments, I now use this stronger dilator, which is made on the same principle as the Ellinger instrument, except that it is heavier. The blades have grooves cut in their outer surface to prevent slipping, and broad shoulders are placed at a scant two inches from the extremity.

This is a rough operation, and, it might be asked: Is there not danger of tearing the cervix? I have had this accident take place twice, and in both cases it was produced by the sudden slipping out of the instrument. In one of the cases the os was very brittle from the long continued use of nitrate of silver. In the second case the tear was about half an inch long, but no symptoms resulted from it.

This is a very successful operation. The patient may have pain at the next menstruation, because the parts may not have fully recovered from the rough usage to which they have been subjected, but at the second period I expect great relief. We shall instruct this patient to report to us if pregnancy occurs.

A girl may have anteflexion with somewhat painful menstruation. She marries and the dysmenorrhœa goes on increasing. Why? Because nature intended that a woman should become pregnant, and the sexual relations are of such a character that if pregnancy does not take place, hypertrophy of the parts occurs. The same thing is seen in unmarried women; the dysmenorrhœa increases as the person grows older, because menstruation does not cease. Nature intended that these periodical congestions of the womb should be interrupted by pregnancy and lactation. If this does not occur there is hypertrophy of the mucous membrane of the uterus. If to the menstrual congestions be added the congestion from sexual intercourse, this hypertrophy is greatly increased. The thickening of the mucous membrane of the canal prevents the free escape of the fluid, and in the efforts to force this out the muscular tissue of the uterus becomes hypertrophied.

This is an operation which I can recommend. In a great majority of cases it will cure the patient, and almost always do a great deal of good. This cervix seems to be tough, but the hardest ones to dilate are those which give the most successful results. If the womb is elastic and does not offer much resistance, the benefit is usually not so great. I have now dilated this canal to the width of one and one-quarter inches. I usually allow the instrument to remain for ten or fifteen minutes or until the patient begins to manifest pain.

A suppository containing one grain of the aqueous extract of opium was introduced just before beginning the operation. In two hours, if she suffers much pain, a second one will be

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introduced. And they will then be repeated every three, four, or five hours, *pro re natâ*. If there should be much tenderness to-morrow, a poultice will be applied to the abdomen. The vagina will be syringed with a solution of carbolic acid, and if there is no complication she will return to her home in forty-eight hours.

As I have intimated, I use the dilator for dilating the cervix for the purpose of exploration in cases of hemorrhage. I consider it much safer than the use of sponge-tents. When a patient comes with hemorrhage, and you are sure that there is something in the cavity of the womb, the books will tell you to insert a sponge-tent. I should prefer to put the woman under ether, and rapidly dilate with this instrument. In such cases, we may dilate to the extent of an inch and a half, for usually the patient has borne children, and the parts are elastic from the bleeding. You can then usually insert the finger, but sometimes this cannot be done. I then pass in the fenestrated polypus forceps, and see if I can catch hold of anything. In this way it is often possible for one to catch hold of a polypus without one's knowing that the womb contained a foreign body.

I have said that in dysmenorrhœa this operation will usually effect a cure, but if the operation is done for sterility, you cannot promise to relieve the difficulty. The reason of this is, that a woman who comes on account of sterility has usually been married a number of years, has taken all kinds of remedies, and used all sorts of injections, and the organic changes which have been referred to have developed. There has been hypertrophy of all the tissues of the womb, not only of the muscular structure, but also of the mucous membrane and glands, so that it is no longer a fertile soil. While this operation is successful for dysmenorrhœa, and is more successful for sterility than any other that I know of, yet it is not always successful on account of the organic changes which have taken place.

Not infrequently the sterility is dependent upon the husband, who may have had an orchitis or epididymitis as a result of gonorrhœa. Although the secretions may appear to be normal yet they may not contain a single spermatozoon. I remember one case in which I cut the cervix, then dilated it a number of times, and had the woman under treatment for a couple of years. She was most anxious to have children, and there are two great anxieties in married women, and strange to say they are exactly opposite. One will go through everything, risking her life and even her soul trying to avoid having children, while another will do everything she can to have children, and indeed will go insane if she does not become pregnant. As I have said, I did a variety of things in this case, but all without benefit. Finally, it struck me that the fault might lie with the husband. An examination of the semen showed that it did not contain a single spermatozoon.

# ORIGINAL COMMUNICATIONS.

## *HINTS IN MICROSCOPICO-HISTOLOGICAL TECHNOLOGY*

FOR THE STUDENT IN NERVOUS DISEASES.

BY DR. EDWARD C. MANN, NEW YORK.

THERE has been so much done and written by my friend Dr. Thomas E. Satterthwaite, of this city, on this subject, that I shall only give a few general hints, referring the general practitioner to Dr. Satterthwaite's excellent treatise on histology, and to Frey's work on the microscope and microscopic technology. The student generally uses too strong solutions of alcohol for hardening the brain. If a freshly removed brain be put successively into a sixty, seventy, eighty, ninety per cent., and finally to remain in a ninety five per cent. solution of alcohol, the effect upon the tissues of this gradual hardening will be vastly superior to the rapid hardening and shrinking produced by the careless method of at once immersing nerve tissues in absolute alcohol. Time, patience, perseverance, and skill, which will come by practice, will enable most persons to become fairly adept in microscopic technology. In using the microscope a large, steady table should be used, and the student should sit with the light coming in over his shoulder. Work by gaslight is to be deprecated. The technicalities of microscopic work are soon learned, and practice makes perfect, and a few fairly good preparations will, with most, be the incentive to further investigations in microscopy. Something besides the procuring a microscope is necessary in order to use it. The physician must familiarize himself with the entire *technique* of microscopy, and in place, as we have known some to do, of procuring the volumi-

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nous literature of the microscope and confusing his mind with the varied directions of authors, each of whom has his pet method of procedure, we advise him to buy Beale and Frey, and put himself under the direction of an experienced microscopist at first, until he is able to stand alone. After this, let him buy as many books on the microscope as he wishes. Another caution I would give is this, avoid the use of high powers at first, until with a weak objective the student understands the structural relation of the part he is studying. Definition is best with low power. My test for a good definition of an objective is the P. Angulatum, which a good one-quarter inch objective should resolve perfectly with oblique light. Cheap and good objectives are hard to get. It is easy to get good high-priced objectives. It is claimed that Spencer's professional series of cheap objectives do good work, but I cannot speak from any personal experience of them. By good definition, I mean a clear, sharp image, like the sharpness of a fine proof engraving, which is very different from the diminished distinctness of a poor one. The student wants a good, firm microscope stand, such as Beck, Hartnack, Nachet, Grunow, or Zentmayer make, and at at least two first-class achromatic objectives, which he should by all means get some friend who is a practised microscopist to obtain for him, as he will otherwise be very apt to get an indifferent lens. Personally we prefer the lenses made by William Wales, Grunow, Gaudlach, and Smith & Beck, although there are very good English and American objectives.

The use of weak eye-pieces and a field not brightly illuminated give the best results, together with a low power objective at the commencement of any given examination. These points are all simple, but are important to the student in microscopic technology. Another caution for the student, which may save him some good lenses and preparation is to first get the coarse adjustment by screwing down the microscope tube in its sheath, until the end of the objective is seen to almost touch the cone-glass of the preparation. Then, applying the eye to the eye-piece, slowly screw the tube up until the coarse adjustment is obtained, and then obtain the fine adjustment by the screw head which is placed for the purpose. This is much better than focusing down to the microscopic preparation as many students do, to the great risk both of their objectives (if of high power), and also of any fine preparation they are examining. To make very thin sections from either fresh or from artificially hardened tissues, the *Le Coultre* razor is the most serviceable instrument, and much better than most "section cutters." The best test of a fine section is the ease with which it floats in a glass of water. Those sections which sink are too thick for mounting as a rule. Specimens to be examined under the microscope may be hardened in alcohol, mullein fluid, solution of one or two per cent. of bichromate of ammonia, and left for at least two weeks; or in chromic acid one to six hundred, and left five to eight days; or in bichromat. of pot. one to two per cent. two to four weeks; also in Clarke's and Beale's mixtures.

For imbedding delicate substances, equal parts of pure white wax and olive oil melted together and kept in the thin metallic covers of wine corks, for this purpose, is excellent. When imbedding, this or a paper case should be used, somewhat larger than the specimen, and the melted wax poured in, and the substance (when the wax commences to solidify at the sides of the case) should be dropped in with a needle beneath the liquid, so as to be covered by it. When the wax is cool put in alcohol.

*Staining.*—To stain with a weak solution of carmine, we take thirty grains of this substance and rub up with a few drops of distilled water. Then add liquor ammonia fort. ten fluid drachms, and distilled water fifteen ounces. Mix with a glass rod and filter. Keep in stoppered bottle. In staining, take one drop of the above and add to it twelve drops of distilled water, and leave sections which are to be stained from sixteen to twenty-four hours. To stain rapidly, the section may be placed in the above strong solution without the addition of water. In this case the strong solution should be exposed to the air long enough to let the excess of ammonia escape. Accordingly, keep two bottles, one for rapid and the other for gradual staining. The time for rapid staining varies from thirty seconds to five minutes. The sections when removed from the staining solution must be washed in water containing one-quarter per cent. of acetic acid. The student is referred to page 150, of Frey, "On the Microscope," for full details as to methods of staining.

The carmine fluid, the Fuchsin, Thiersch's indigo-carmine solution, hæmatoxylin so-

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lution, the double staining method with carmine and picric acid, osmic acid solution of one-quarter to one per cent., and the various metallic impregnations are all good. Satterthwaite, J. W. S. Arnold, Gerlach, Thiersch, Beale, Schultze, Cohnheim, Kölliker, Frey, and Tuke have all done beautiful work in microscopic histology, and there is yet much remaining to be done in this most fascinating field of research, especially in the nervous system.

*Preservation and Mounting of Specimens.*—We have glycerine, Canada balsam, copal varnish, and dammar. The latter I prefer for permanency. After staining and washing the preparation we wish to mount, first place it in absolute alcohol for fifteen minutes. This expels the water. From the alcohol transfer to oil of cloves or turpentine, the superfluous alcohol being first removed by blotting paper. In the oil of cloves the section becomes transparent in a few seconds. Remove the superfluous oil by blotting paper and the section is then ready. In order to make more secure we place a layer of varnish round the edge of the covering glass a few days after mounting. To make dammar varnish we take gum dammar in powder one-half ounce and dissolve in turpentine one and a half ounce; filter. Then take gum mastic one-half ounce, and dissolve in chloroform two ounces, and filter. Mix the two filtered solutions and again filter, and we have resulting dammar varnish for mounting microscopic preparations. To render sections of spinal cord and nerves beautifully transparent, use a mixture of acetic acid and glycerine, one to three. To render embryonic tissues transparent and hard, use ten drops of solution of caustic soda to each ounce of alcohol. By means of a one per cent, solution of chloride of gold, I have rendered visible the finest primitive nerve fibres of the cornea, and shown their distribution and termination in the epithelium of the cornea. I have also been fortunate not only in making sections, but also in successfully photographing sections of the retina, showing perfectly, first, layer of rods and cones; second, the external granular layer; third, the inter-granular layer; fourth, the internal granular layer; fifth, the fine granular layer; sixth, layer of ganglion cells; seventh, expansion of the optic nerve fibres; ninth, their insertion into the inner limiting membrane, which is, tenth, the membrane limitans interna.

## *FAITH CURE.*

BY W. C. CAHALL, M.D.

FAITH CURE has been well named, for it is the faith which cures and not the object upon which the faith is reposed. Neither does it appear important what the object of the faith is. It is only necessary that the patient shall have implicit confidence in its power and willingness to be healed.

Within the last few years this new treatment has secured no little notice on the part of the public by means of articles in the press and through the agency of the increased number of disciples. The tenets and doctrines of the advocates of this method of cure are so palpably absurd that it may strike many of the readers as unworthy of a serious consideration. But not so, for while scientific physicians need have no fear of all their patients being cured by their new rival, so that "there shall no longer be sickness throughout the earth," still there is enough truth in the matter to keep breath in its little body.

Faith cure is not of recent birth, but has cropped out in one form or another in all times and among all people. Mind cure is the latest modification of this same old principle of belief. Under whatever type or name it may appear, hope, belief, imagination, are the active principles of cure. Among the most noteworthy of its phases which have become historical, are the royal touch for the cure of scrofula, or king's evil, and the miracle cures, by means of relics or sacred objects.

There can be no doubt that the mind is capable of powerfully influencing the cure of scrofula, for the old historians tell us that the royal touch, originated by Edward the Confessor, and which continued down to the reign of Queen Anne, was practised with astonishing success.

To show how universal was the belief in the efficacy of the royal touch, it is but necessary to mention the fact that Edward II. touched in one year 100,900 persons, who came to him from all parts of Great Britain.

The French kings also touched for the evil, the practice being traced back to Clovis, 481 A.D. On Easter Sunday, 1686, King Louis XIV. is said to have touched 1600 persons, using the words, *Le roy te touche, Dieu te guérisse.* Richard Wiseman, who was surgeon to Charles II. says, that "His Majesty cured

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more persons of scrofula in one year, than all the chirurgeons of London in an age." It is possible that had iodine and its compounds been known in his day, Wiseman would not have been obliged to make this humiliating confession.

As to the reality of the so-called miraculous cures in post-apostolic days, they come too well attested to leave room for any doubt.

The writer, though a devout believer in a Divine Providence, holds that mind and not spirit is the active agent, and expects to show in this paper, that all these cures, attributed to spiritual agencies, have been or can be duplicated by means and methods clearly and demonstrably mental. As a familiar instance of the effect of pure imagination upon involuntary physiological processes, I would cite the cases of disappearance of warts after resort to charms.

Here, as after the imposition of the royal fingers or sacred relics, it has been noticed that the success of the treatment is proportionate to the expectation of the candidate.

"It is now amongst the established truths of mental physiology that ideas may become realities, without the coöperation of the conscious ness; and that whether they originate spontaneously or not, a physiological or pathological change suggested to the mind of an individual may take place really and actually, without the coöperation of any other agent than the suggestion itself. . . . . The stimulus to the nervous system of hope and desire, and through the nervous system to all the vital processes is often very powerful, and always more or less efficient, so that not unfrequently the most incurable diseases seem to derive and sometimes do derive benefit from remedies taken with hope or expectation of benefit. To misunderstand the nature of this stimulus, and esteem it as something immaterial, is a common fallacy. So far from this being true, it is as material as any of the stimuli received by the system. Nor is it apparently limited to the nervous system; the blood itself, as to its constituents and vital forces, is probably influenced directly and immediately, as well as the organized tissues and the viscera." (Laycock on Medical Observation.)

The influence of expectant attention on muscular movements and upon processes of nutrition and secretion, has been noticed by Dr. Holland in his "Chapters on Mental Physiology," and more elaborately considered by Dr. Carpenter. It has been found that muscular movements, ordinarily considered involuntary, may be easily induced in persons of peculiar susceptibility, where the mind can be strongly impressed with the idea that certain movements will positively take place. On the other hand, purely voluntary movements are disturbed or interfered with by a morbid fear or dread being persistently entertained by the mind that such muscular actions will become uncontrollable.

Much the same effect is found to be true in relation to nutrition and secretion. The secretion of organs and their organic processes of nutrition are materially modified by simple expectation of the change.

The half imaginary and half real ailments of the hypochondriac and hysterical sufferer result from concentration of the mind on the part, and the success of the systems of faith cure or mind cure is due to the fact that the majority of applicants for treatment are mainly drawn from these classes of sufferers. It is a fortunate circumstance that the same susceptibility of mind which in the first place induced the disease, can, if properly directed, be made to allure it away, and this without the consciousness of the individual as to the important part he himself plays in the treatment.

It is only necessary that the applicant shall have implicit confidence in the treatment he is to undergo, but woe to the director of any treatment, however scientific, in this class of diseases, who is not in possession of this confidence, for his days will be filled with disappointment and chagrin.

Hypnotism, or mesmerism, is not, as is popularly supposed, due to the subjugation of the will of one individual to that of another, but to this same principle of suggestion during a state of mental abstraction. Not every one can be hypnotized, but only those of peculiar mental susceptibility. The mesmerizer possesses no especial power over these subjects, except so far as he is able to make them believe he has the power; his part in the performance being to place the subject in the best possible condition for abstraction, and the remainder is accomplished by the mind of the ready subject. When the abstraction becomes profound the faculties become dormant, and the whole mind seems to be alive upon only one point, that of expectant attention, and whatever suggestion the

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keenly alert senses convey to the mind appears to dominate and control the whole being.

When in this hypnotized state the muscular power of the subject is brought out by a leading suggestion, the result is often astonishing; weak, miserably developed persons perform feats of strength almost incredible—feats so incredible, indeed, that the subject in his normal state of mind would be likely to consider the request that of an insane person, should one ask him to repeat them. Yet they could be repeated as easily as in the hypnotized state, could he only have the same unreasoning, dauntless belief, for his muscles possess no power or contractile force in one condition that they do not possess in the other.

The explanation given for this apparent difference is, that in our ordinary uses of the muscles we call into our service only a portion of the muscular fibres, but when, under other circumstances, the whole mind is concentrated upon the act, the nervous stimulus to the muscles is greatly increased, and the result astonishing.

Just here do we find a reasonable explanation of those remarkable cases of sudden cures of long-standing paralyses. A weak, "nervous" woman, finds, without accident or other organic cause, that she has become at last *what she has long feared might happen*—stricken with paralysis.

Resorts to ordinary medication, in the hopeless frame of mind into which she is sure now to have lapsed, are vain and fruitless.

Five, ten, twenty years, this poor woman may lie bedridden, all hope of ever using the palsied limbs again despaired of alike by herself and friends, until, by accident or intercession of friends, she falls into the hands of some religious enthusiast, who, by his serene confidence in the efficacy of prayer, abstracts her mind from all other thoughts, and renders her fit to receive part of his belief.

He tells her to arise and walk, and, if she has faith enough, she walks, a living witness in the eyes of many friends of a miracle worked by faith.

All this while she could not walk simply because she never before *believed* she could walk. In the ordinary condition of body and mind there was not enough will thrown into the nerves and muscles to perform the act, and not until induced to believe in a supernatural aid could her mind furnish the nervous stimulus to call the muscles into sufficient contraction.

Mr. Braid's experiments prove that nutrition and secretion may be greatly altered by fixing the attention of the hypnotized subject upon particular organs.

He "has brought back an abundant flow of milk to the breasts of a female who was leaving off nursing from deficiency of milk, after which the supply was abundant for nine months; and in another instance he induced the catamenial flow on several successive occasions, when the usual time of its appearance had passed." "A female relative of Mr. Braid's was the subject of a severe rheumatic fever, during the course of which the left eye became seriously implicated, so that, after the inflammatory action had passed away, there was an opacity over more than one-half the cornea, which not only prevented distinct vision, but occasioned an annoying disfigurement. Having placed herself under Mr. Braid's hypnotic treatment for the relief of violent pain in her arm and shoulder, she found, to the surprise alike of herself and Mr. Braid, that her sight had begun to improve very perceptibly. The operation was, therefore, continued daily, and in a very short time the cornea became so transparent that close inspection was required to detect any remains of the opacity."

A case of interest recently occurred in Nancy, France:—

Elise N—, 39 years old, had been suffering since the age of fifteen from attacks of hysterical epilepsy, which recurred from three to five times a month. Mr. Focachon subjected her to mesmerization, and by means of simple passes caused the attacks to become less frequent, and finally to disappear altogether. Subsequently, Elise complained of a pain in her side. Mr. Focachon decided to make her imagine that in order to cure her a plaster was to be applied.

"A plaster will be applied to the spot where the pain is," said Focachon. "Do not touch it. It will burn you a little, and produce blisters, but to-morrow you will feel no more pain there." In reality nothing whatever was applied, notwithstanding, on the following day, on the spot where the plaster was said to be applied, there was to be seen a thick blister, full of matter, and the pain had disappeared.

If it were considered necessary, case after case could be recounted of cures by like processes both in the hypnotic state, and in that allied condition of nervous susceptibility—exalted imagination, and faith. I will just add

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a brief notice of the remarkable case of Louise Lateau, as illustrating further the influence of the mind over the body, although here a pathological condition is produced rather than relieved by the action of the mind.

Louise Lateau was a Belgian peasant girl, who, while in a precarious condition during a protracted sickness, became rapidly convalescent after the administration of the sacrament. She appeared to have been greatly impressed by this coincidence, and her mind led to the constant contemplation of the tragedy of the Passion which the sacrament suggested.

Shortly she discovered that upon every Friday a spot on her left side would discharge blood. "In the course of a few months similar bleeding spots established themselves on the front and back of each hand, and on the upper surface of each foot, while a circle of small spots formed in the forehead, and the hemorrhage from these recurred every Friday, sometimes to a considerable amount. About the same time fits of ecstacy began to occur, commencing every Friday between eight and nine in the morning, and ending about six in the evening." While in this state she described herself as witnessing the several scenes of the crucifixion of Christ.

As might be supposed, many in Belgium believed the entire matter miraculous, but such visions are too frequently seen, and their causes too well known to allow us to attribute any supernatural agency in their production. As for the bleeding spots, Dr. Tuke, in his work on "The Influence of the Mind upon the Body in Health and Disease," has clearly shown that under powerful emotional excitement blood escapes through the perspiratory ducts, due to the rupture of the delicate capillary vessels of the skin.

After a study of these cases, Dr. Tuke is led to the following conclusions:—

1. "Thought strongly directed to any part tends to increase its vascularity, and consequently its sensibility. Associated with a powerful emotion, these effects are more strikingly shown, and when not directed to any special part, an excited, emotional condition induces a general sensitiveness to impressions—an intolerance of noise, for example, or cutaneous irritation.

2. "Thought strongly directed away from any part, especially when this is occasioned by emotion, lessens its sensibility. The activity of the cerebral functions during deep intellectual operations, exclude consciousness of impressions made upon the sensory nerves generally, and an absorbing emotion effectually produces the same result.

3. "The emotions may cause sensations, either by directly exciting the sensory ganglia and the central extremities of the nerves of sensation, or by inducing vascular changes in a certain part of the body, which changes excite the sensitive nerves at their peripheral terminations.

4. "There is no sensation, whether general or special, excited by agents acting upon the body from without, which cannot be excited also from within by cerebral changes (including those associated with emotional excitement) affecting the sensory ganglia."

While not so thoroughly understood and practised as it should, the proper method of curing cases of this nature is no new discovery. Wise physicians constantly meet and recognize this class of patients, and treat them accordingly, as, witness the phrases, "Diseases of the Imagination," and "Cure by Suggestion," which are frequently met with in medical writings on nervous diseases. The medical man recognizes that if the imagination is powerful enough to produce these diseases, the imagination is powerful enough to remove them, and, acting upon this chain of reasoning, he uses the imagination by prescribing a placebo or a regimen which, inert or impotent of itself, taken or pursued with the necessary faith, is usually followed by a satisfactory result.

So when Paul wrote those words, "For through faith are ye saved," he pronounced what could, in a strictly scientific sense, be applied to many a restored sick one, the physician meanwhile wisely keeping his own counsel.

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## *SEVERE INJURY TO A PHYSICIAN, CAUSED BY THE BREAKING OF A HYPODERMIC SYRINGE CONTAINING CARBOLIC ACID.*

BY P. McCAHEY, M.D.

ACCIDENTS from the use of carbolic acid, or from the breaking of various surgical instruments are not uncommon, but the following case, which occurred in this city on October 14th, is believed to be so unusual as to justify its being placed on record:—

Dr. John V. Shoemaker, editor of THE MEDICAL BULLETIN, had tapped an old hydrocele

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on that day, and after withdrawing its contents proceeded to inject half a drachm of pure carbolic acid into the sac. The hypodermic syringe which he used for that purpose was apparently in good order, but as soon as he attempted to force the carbolic acid out, the needle broke off at the point of its attachment to the barrel of the syringe. The acid streamed out under the pressure which had been exerted on the piston, and, striking against the end of the broken needle, was deflected upwards in the form of a fine spray, which covered the Doctor's forehead and cheeks and entered his right eye. Suffering from intense pain and almost blinded, he walked up stairs to the bath-room, bathed his face with cold water, and then, supported by an assistant, walked to the office of Dr. George Strawbridge, 1500 Walnut Street.

Dr. Strawbridge, recognizing the possible gravity of the case, instilled a few drops of a solution of atropia into the affected eye, to prevent iritic adhesions or other complications, and then, with the assistance of Mr. Louis Genois, covered the Doctor's face with a thick layer of bicarbonate of soda, which was constantly kept moist by means of wet sponges. After the pain and facial inflammation had been somewhat lessened by this dressing, Dr. Strawbridge made another examination of the eye, and found that with the exception of a slight corneal abrasion, the force of the carbolic acid had been spent on the conjunctiva, and that the deeper structures of the eye had escaped injury. He then instilled a few more drops of the atropia solution, and ordered the ointment of the oxide of zinc to be applied to the eyelids, and later on directed a solution of borax to be dropped into the eye every hour. He also ordered the patient to apply cold, wet compresses to his face, and to remain in a dark room until the violence of the conjunctivitis had abated. Dr. Shoemaker was then taken home in a carriage, though still suffering a great deal of pain.

The inflammation was so intense that the wet cloths which were applied to his face became dry in about two minutes, but by carefully carrying out the treatment instituted by Dr. Strawbridge it abated considerably, and the patient slept a little towards morning. Marked improvement was noticeable when Dr. Strawbridge called on the following day, and the pain disappeared altogether on the third day. The patient remained in the dark room until the fifth day, when, owing to Dr. Strawbridge's kind and assiduous attention, he was enabled to come down stairs and receive the congratulations of his friends. His right conjunctiva was then still very red and somewhat swollen, and his face presented the marks of what might have been a frightful injury, but he was free from pain and able to see very well. On the eighth day after the injury he was in his office receiving patients as usual.

Dr. E. S. Gans, who was assisting Dr. Shoemaker at the time of the accident, was also burnt about the face, but fortunately none of the flying acid entered his eyes. He is inclined to attribute his escape in this respect to the fact that he saw the fine spray rising and instantly closed his eyes.

345 North Eighteenth Street, Phila., Pa.

# THERAPEUTIC NOTES.

## PNEUMONIA.

Professor N. S. Davis says that one prompt and decisive bleeding in the first stage of sthenic pneumonia, to be followed by such cardiac sedatives as will lessen the force and frequency of the heart's action, is the most effective method of relieving the vascular fulness and lessening the amount of subsequent exudation, and has been followed by the highest ratio of recoveries.

In the same stage of cases occurring in patients whose blood is diminished in plasticity and vessels relaxed from malarious influences, three to five grains of quinine, given every two or three hours in alternation with a cardiac sedative or alterative will often as effectually relieve the vascular fulness as venesection will in the purely sthenic cases.

In those cases, however, which occur in patients who live under bad sanitary conditions, and in whom the disease assumes a typhoid type, bleeding is seldom borne without injury, and quinia frequently fails to produce the desired effect. When Dr. Davis is called to a case of this class within twenty-four hours after the initial chill, he generally orders—

℞. Tinct. aconiti rad. . . . ℥j.
Tinct. opii camph. . . . ℥ij.
Liq. ammonii acetatis . . ℥ij.
M. Sig.—One teaspoonful every four hours.

The patient is also directed to take one of the following powders every three hours:—

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℞. Pulv. sanguinariæ . . gr. iij.
Hydrarg. chlor. mite . gr. vj.
Quinia sulphatis . . gr. xviij.
Pulv. glycyrrhiza . . gr. vj.
M. Ft. charta No. vi.

Benefit will also be derived from the application of a flaxseed poultice to the affected side of the chest.

After exudation has taken place, all depletive or depressive measures are unnecessary and injurious. The aim now should be to promote resolution, and prevent either purulent or caseous degeneration. For this purpose, Dr. Davis knows of no better alterant, anodyne, and expectorant combination, than—

℞. Ammonii chloridi . . ʒiij.
Antimonii et potasii tart. . gr. ij.
Morphia sulphatis . . gr. iij.
Syr. glycyrrhiza . . . ʒiv.
M. Sig.—One teaspoonful in water every three hours. From eight to ten grains of quinine should be given also in divided doses every day.

If symptoms of heart-failure develop, Dr. Davis directs a blister to be placed over the affected side, and substitutes the following formulæ for those previously given:—

℞. Ammonii carb. . . . ʒij.
Tinct. digitalis . . . ℥j.
Tinct. opii camph. . . . ℥j.
Liq. ammonii acetatis . . ℥ij.
M. Sig.—One teaspoonful every three hours.

℞. Potassii chloratis . . . ʒiiss.
Pulv. acacia . . . . ℥ss.
Aqua . . . . . ℥viij.
M. Sig.—One teaspoonful every four hours.

The patient is also directed to take a tablespoonful of milk and a tablespoonful of strong coffee every two hours.

### ASTHMA.

Professor Bartholow frequently prescribes—

℞. Vini ipecac. . . . . ʒj.
Tinct. sanguinariæ . . ʒiss.
Tinct. lobelia . . . . ʒiss.
Syr. zingiberi . . . . ℥j.
M. Sig.—One teaspoonful every two hours.

### DILATATION OF THE HEART.

Professor Da Costa recommends—

℞. Pulv. digitalis . . . gr. iv.
Strychnia sulphatis . . gr. ¼.
Ext. belladonnæ . . gr. ij.
Ferri sulphatis . . . gr. xvj.
M. Ft. pilulæ No. xvi.
Sig.—One pill after meals.

### CHRONIC BRONCHITIS.

℞. Tinct. benzoini comp. . . ʒviij.
Tinct. opii camph. . . ʒiv.
Syr. scillæ comp. . . . ʒvj.
Syr. tolu . . . . ʒvj.
M. Sig.—A dessertspoonful every four hours.

### RHEUMATIC IRITIS.

Dr. C. J. Lundy (The Physician and Surgeon) relates several cases of iritis in which the history and symptoms pointed to rheumatism as the exciting cause. Large doses of salicylate of sodium or salicylic acid were administered, and the iritis and the rheumatism disappeared simultaneously.

### WHOOPING-COUGH.

℞. Tinct. belladonnæ . . ♏xvj.
Syr. ipecac. . . . ʒss.
Aluminis . . . . ʒj.
Syr. pruni virginianæ . . ℥ij.
M. Sig.—One teaspoonful in water every three hours.

### CHLOROSIS.

℞. Strychnia sulphatis . . gr. ss.
Liq. potassii arsenitis . . ʒiss.
Tinct. ferri chlor. . . ℥ss.
Elix. simp. q. s. ad . . ℥iij.
M. Sig.—One teaspoonful in water after meals.

### PRURITIS ANI.

℞. Hydrarg bichlor. . . . gr. ij.
Acidi carbolici . . . . gr. x.
Alcoholi . . . . ʒj.
Aquæ camphoræ . . . ℥j.
M. Sig.—Use as a lotion.

### MEMBRANOUS CROUP.

Dr. John H. Owings (Med. and Surg. Reporter) speaks very highly of the following combination:—

℞. Tinct. eucalypti . . . ʒv.
Pilocarpinæ mur. . . gr. ss.
Vini pepsinæ . . . ʒj.
Syr. tolu q. s. ad. . . ℥iv.
M. Sig.—One teaspoonful every half hour.

### SCARLET FEVER.

Dr. Bedford Brown, of Alexandria, Va., recommends the following combination in scarlet fever:—

℞. Acidi salicylat. . . . ʒij.
Tinct. aconit. rad. . . gtt. xij.
Infus. digitalis . . . ℥iss.
Spts. ammon. aromat. . ʒiij.
Syr. aurant. cort. . . ℥ss.
Aqua . . . . . ℥j.
M. Sig.—Teaspoonful every three hours.

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MEASLES.

℞. Ammonii carb. . . . gr. xvj.
Tinct. ignatiæ . . . ♏viij.
Tinct. digitalis . . . ʒss.
Aquæ menth. pip. . . ʒj.
Syr. simp. . . . . ʒj.
M. Sig.—One teaspoonful every three hours.

INFANTILE ECZEMA.

Dr. Henry T. Byford (Journal of American Medical Association) considers calomel in small doses to be almost a specific for infantile eczema. He usually administers quarter-grain doses twice a day until a laxative effect is produced, and then gives only one a day. Locally he recommends—

℞. Acidi carbolici . . . . ʒj.
Ung. zinci oxidi benz. . . ʒj.
M. Ft. Ung. Sig.—Use externally.

HÆMATURIA.

℞. Acidi gallici . . . . ʒij.
Acidi sulphurici aromat. . ʒiss.
Infusi matico . . . . ℥iss.
Aqua . . . . . ʒj.
M. Sig.—Two teaspoonfuls every hour in water.

ARSENIC IN LUPUS ERYTHEMATOSUS.

Jonathan Hutchinson (British Medical Journal) reports a case of lupus erythematosus which was cured by the administration of five drops of Fowler's solution three times a day for two years. No local application whatever was made. They cure was complete, and was entirely due to the arsenic which was so persistently employed.

WARBURG'S TINCTURE.

℞. Socotrine aloes . . . ℥xvj.
Rhubarb (East Indian). . ʒiv.
Angelica seed . . . ʒiv.
Confect. of damocratis . . ʒiv.
Saffron . . . . . ʒij.
Fennel seed . . . . ʒij.
Prepared chalk . . . ʒij.
Gentian . . . . . ʒj.
Zodoria . . . . . ʒj.
Cubeb . . . . . ʒj.
Myrrh . . . . . ʒj.
Camphor . . . . . ʒj.
White agaric . . . . ʒj.
M.

These ingredients are to be digested with five hundred ounces of proof spirit in a water-bath for twelve hours, then expressed, and ten ounces of quinine disulphate added, the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor when cool, is to be filtered, and is then fit for use.

The dose varies from a drachm, when used as a tonic, to an ounce when given to break up a remittent or prevent a paroxysm of intermittent fever.

TONSILLITIS.

Dr. James E. Free (Med. and Surg. Reporter) recommends—

℞. Potass. chloratis
Potass. nitratis . . āā ʒss.
Vini antimonii
Tinct. opii camph. . āā fʒij.
Tinct. aconite rad. . ♏xvj.
Syrup q. s. . . . fʒj.
M. Sig.—One teaspoonful every two hours.

LEUCORRHŒA.

℞. Naphthol . . . . gr. xvj.
Zinci sulphatis . . . ʒss.
Plumbi acetatis . . ʒss.
Aqua . . . . ℥xvj.
M. Sig.—Use a wineglassful as an injection twice daily.

RHEUMATIC PERIOSTITIS.

Professor Da Costa recommends—

℞. Potassii iodidi . . . ʒij.
Tinct. cinchonæ comp. . . ℥j.
Spts. ammonii aromat. . . ʒiv.
M. Sig.—One teaspoonful three times daily.

TONIC MIXTURE.

The following formula is recommended and used by Dr. C. F. McGuire, at the Southern Dispensary and Hospital, of Brooklyn, as an excellent tonic in the convalescence of fevers:

℞. Ol. aurantii . . . gtt. xv.
Ol. limonis . . . gtt. vij.
Ol. cinnamomi . . . gtt. j.
Alcoholis . . . . ℥viij.
Quiniæ sulphatis . . gr. viij.
Red saunders . . . gr. iv.
Ferri pyrophosph. . . ʒiij.
Syr. simplicis . . . ℥viij.
Aqua fervid . . . ℥vj.
M. et Sig.—Tablespoonful after eating.

Put the oils with the alcohol, then mix in the saunders and quinine. Stir well, and add the syrup. Before adding the iron, dissolve it in the hot water.

DIURETIC MIXTURE.

Dr. Joseph Mullone, of Lyons, Ind., writes to us that he has treated a number of severe cases of anascara, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula:—

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℞. Compound spirit of juniper . Oj.
Sulphate of iron . . . ℥ij.
Acetate of potassium . . ʒss.
Fluid extract of digitalis . f℥ij.
Syrup of squill . . . f℥ss.
Dose, a tablespoonful three times a day.

In severe cases the patient is to drink also a cold infusion of elder root.—*N. Y. Med. Journal.*

SORBEFACIENT MIXTURE.

The following is an excellent lotion for subduing inflammation, and reducing the œdema of the inflamed parts:—

℞. Tinct. opii camph. . . ℥ij.
Tinct. tolutani . . . ʒij.
Liq. plumbi diacetat. . . ʒiv.
Glycerine . . . . ℥ij.
Aqua, ad . . . . ʒxx.
M.

A piece of lint, or old linen, to be well wetted with the lotion, and to be applied to the inflamed part. The wetting to be repeated at frequent intervals.

It is useful to give at the same time the following mixture internally:

℞. Potass. bicarb. . . . ℥iss.
Tinct. nucis vom. . . . ♏xl.
Ferri am. cit. . . . ℥iss.
Sp. am. aromat. . . . ℥iss.
Aqua, ad . . . . ʒviij.
M. Sig.—One drachm three or four times a day.

I have found this treatment especially useful in those cases in which intense inflammation in the arms follows re-vaccination.—*Dr. Martin, Med. Press and Circular.*

ASTHMA.

Dr. John J. Mulheron (Medical Age) speaks very highly of the following combination in asthma:—

℞. Ammonii chloridi . . . ℥iij.
Spts. æth. nitrosi . . . ℥iij.
Syr. ipecac. . . . . ʒj.
Etheris . . . . . ℥iij.
Syr. glycirrhizæ q. s. ad . ʒvj.
M. Sig.—One teaspoonful three times a day.

NEW MERCURIAL POMADE.

M. Yvon has proposed to use black soap, instead of lard, as a basis for mercurial ointment. Soap absorbs and retains the mercury quite as well as lard, and possesses an advantage over the latter in being soluble in water. Take one thousand grammes of black soap (as neutral in reaction as possible) and three thousand grammes of mercury, treat the same as if using lard, when the disappearance of the mercury will occur as if an animal fat were being employed, only much more rapidly. This mercurial soap pomade can be kept for an indefinite period, and has the valuable advantage of not becoming soft with heat, and remaining firm at all ordinary temperatures. It has no irritating action, and can be easily removed by simply washing with cold water. At present mercurial frictions are much in vogue for the combating of syphilis, especially in infants, so that physicians should welcome this new pomade as preconceived by M. Yvon.—*Translated from Le Scalpel, by Dr. Robert O. Kevin.*

COUGH MIXTURES FOR CHILDREN.

The following valuable prescriptions are from the hospital formulary of the Department of Public Charities and Correction, New York:—

*Cough Mixture for Infants.*

℞. Tinct. opii camph.
Spts. ammon. arom. . . āā f℥j.
Ext. ipecac. fl. . . f℥ss.
Syr. pruni. virgin. . . f℥j.
Aquæ . . . q. s. ad. f℥iij.
M. Sig.—A teaspoonful every four hours.

*Mistura Ammonii Carbonatis.*

℞. Ammonii carbonat. . . ʒss.
Syr. senegæ . . . f℥iv.
Syr. ipecac. . . . . f℥ij.
Syr. tolu . . . . f℥iv.
Ext. glycyrrhizæ . . . ʒss.
Aquæ cinnamomi. q. s. ad. f℥iv.
M. Sig.—A teaspoonful three times daily.

*Mistura Ammonii Chloridi.*

℞. Ammonii chloridi. . . ʒss.
Potassii. chlorat. . . gr. xl.
Syr. senegæ . . . f℥iv.
Syr. ipecac. . . . f℥iij
Syr. tolu . . . . f℥v.
Ext. glycyrrhizæ. . . ʒj.
Aquæ cinnamomi. q. s. ad. f℥iv.
M. Sig.—A teaspoonful every three hours.

PERICARDITIS.

Dr. J. S. Lynch, of Baltimore, Md., has obtained excellent results in pericarditis from—

℞. Tinct. veratri viridi . . ℥j.
Tinct. opii deod. . . . ℥j.
Sodii bicarb. . . . . ℥ij.
Syrupi . . . . . ʒij.
Aqua . . . q. s. ad. ʒvj.
M. Sig.—One tablespoonful every two or three hours.

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### DIPHTHERIA.

Dr. William T. Plant (Archives of Pediatrics), says: Diphtheria being both a local and a general disease, requires both local and systemic treatment. The day of caustic applications, as strong solutions of nitrate of silver and hydrochloric acid, is happily over. Among the most valued remedies are some of the styptic preparations of iron. These tend, by their astringency, to lessen the size of the existing membrane and to prevent the spread of inflammation. With some older children I have used, with much satisfaction, a formula substantially that of the Catholic Foundling Asylum in New York City—

℞. Acidi carbolic, cryst. . . gr. vj.
Liq. ferri persulph. . . ʒiij.
Glycerinæ . . . . ʒj.

M. Sig.—Apply with a camel's-hair brush once in two or three hours.

The tincture of the chloride of iron, much diluted, may be used as a gargle; but, as few sick children can be prevailed on to gargle efficiently, and as iron is a good general as well as local remedy, we may secure its double action by giving it in frequent doses. If we combine chlorate of potassium and tincture of iron, a little free chlorine is liberated, and this has a deodorizing and antiseptic effect on the exudation.

℞. Potassii chloratis . . . ʒss.
Tinct. ferri chlor. . . . ʒiss.
Glycerinæ . . . . ʒj.
Syr. simp. . . . . ʒj.
Aquæ q. s. ad . . . ʒiv.

M. Sig.—A teaspoonful every hour or two to a child of from three to five years.

If there is much fetor, it may be corrected by the frequent application of either of these solutions:—

℞. Sol. sodii chlorinat. . . ʒiiss.
Aquæ ad . . . . ʒviij.

M.

℞. Potassii permanganat . gr. xv.
Aquæ. . . . . ʒviij.

M.

### BRYONIA ALBA.

Dr. C. S. Lombard (Chicago Medical Journal and Examiner) has found bryonia alba to be almost a specific in the various inflammatory affections of the lungs, the pleura, and the bronchial tubes. In pleurisy, one or two drops of the tincture may be administered every hour. In bronchitis of the larger tubes three or four minims may be given every three hours, especially if the cough be dry and tight, and the patient complain of painful stitches in the upper portion of the chest. In the bronchial cough of old people, two or three minims given every two to four hours will commonly relieve the symptoms. In pneumonia give a teasponful of the following mixture every half hour until the perspiration is freely secreted, and after that once every hour or two:—

℞. Byroniæ albæ tincturæ . ♏x.
Aconiti radicis tincturæ . ♏xvj.
Aqua destillatæ ad. . . ʒij.

M.

### HEMORRHAGIC MALARIAL FEVER.

Dr. I. J. Newton, Jr. (Transactions of Louisiana State Medical Society), reports several cases of hemorrhagic malarial fever, in which the following treatment was uniformly successful: Immediately after seeing patient he was placed in a hot mustard foot bath, and one-eighth grain mur. pilocarpin was administered hypodermically, which induced a mild diaphoresis; fifteen grains of calomel was then ordered in three powders, one to be taken every three hours, and followed, if necessary, by a seidlitz powder; twenty grains of quinine in ten powders was also ordered, one powder to be given every hour. This prevented the return of the paroxysm. I then ordered—

℞. Acidi arseniosi . . gr. j.
Quiniæ sulph. . . . gr. xxx.
Ferri redact. . . . gr. xx.
Podophyllin . . . gr. ij.
Ol. pip. nigr. . . . gtt. x.

M. et ft. pil. xx.
Sig.—One pill three times daily, at meals.

### ACUTE PLEURISY.

Mild cases of pleurisy, if seen early, may frequently be cut short by the use of:—

℞. Tinct. aconiti rad. . . ♏xij.
Morphia sulphatis . . gr. j.
Liq. ammonii acetatis . . ʒvj.
Liq. potassii citratis . . ʒvj.

M. Sig.—Two teaspoonfuls every three hours.

It is only of value, however, in the beginning of the disease, and will be of no avail in the second stage, or stage of effusion.

The following combination will then be found effective:—

℞. Potassii acetatis . . . ʒij.
Infus. digitalis . . . ʒiv.

M. Sig.—One tablespoonful every four hours.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Nov. 1885.

THE Editor of THE MEDICAL BULLETIN takes pleasure in acknowledging his indebtedness, and returning his heartfelt thanks, to Dr. George Strawbridge, for the kind and constant attention paid to him while recently suffering from the effects of an injury which might have entailed serious consequences, had it not been for the prompt and thorough treatment instituted by Dr. Strawbridge. The valuable assistance rendered by Mr. Louis Genois at the same time is also acknowledged with pleasure, and will always be remembered with gratitude.

## *DR. A. JACOBI'S SHRIEK!*

THE evening of Thursday, October 1, 1885, was one of "intense gratification" to our genial friend, Dr. A. Jacobi, of New York City. On that evening there was a meeting of the New York Academy of Medicine, and the good Doctor, as its presiding officer, delivered what he is pleased to call an "Address" before his distinguished Fellows. As his remarks have had but a limited circle of readers THE BULLETIN purposes to give them the benefit of its large circulation, so that the medical profession throughout the land may know something about the brilliant light shining so grandly away off in New York City. But, as the gentleman remarks, "*vita brevis*," and as our readers have little time to waste, we shall not print his "Address" in its entirety, but merely quote a few salient points interpolated with a comment or two; and for our kindness in so doing we do not expect our friend to thank us, for we shall reap our own reward in the pleasure we shall afford. After a few preliminary remarks, intended as an introduction, he says: "I crave your attention, first, for a few facts which I consider of great importance in regard to medical progress." Now we cannot quote any more from this part of the "Address," as it is merely a statement that a society had been formed in Europe, consisting of a few gentlemen prominent in medical circles, for the "Collective Investigation of Disease," and the Doctor's explanation of its aims and answers to criticisms upon them. But here THE BULLETIN most heartily enjoys the opportunity of letting the world know that its right loyal friend, Dr. "A. Jacobi, of New York," is a member of this important body, and also the Secretary of the American Sub-committee. Now this statement must not be taken *cum grano salis*, for the speaker himself, in his most graceful style, informed his hearers of the honors that were conferred upon him, and *per* consequence upon *them* as their President. Is it any wonder that Thursday evening, October 1, 1885, was a happy one in the history of a certain person? That person may be truthfully called—

*Jubilant Dr. A. Jacobi!*

Scarcely had our exhilarated friend given vent to his pardonable vanity when a "sad theme" overcame him, and he passed it by in "profound sorrow," but not without some remarks that are questionable at least. They are as follows:—

"It need not matter how much may have, nay, has been done, to mar the success of the next International Assembly, and to deprive us of the opportunity long looked forward to of greeting the giants of science, the celebrated teachers, the ingenious experimenters, and our literary or personal friends of Europe on our own soil. For an International Congress will never convene under the roof of a house divided in itself, though the division may be the work of a few sacrilegious hands only.

"But this is a sad theme, known to everybody here, deplored by everybody who feels as both a personal grief and a public calamity the humiliation which is involved in the hesitation on the part of the Congress to assemble in our country."

Now, to THE BULLETIN, this is a "sad theme" to dwell upon. To think that a trusted friend, who occupies the high position of President of the New York Academy of Medicine, should make use of the above language, knowing its utter untruthfulness, and all for what? Because he was not allowed to have a part in the

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formation of an assemblage to be held at the invitation of the American Medical Association, of which body he is not a member. But when he says, "this is a sad theme," etc., although the worthy man is ever dear to us, we cannot help saying—

*Mendacious Dr. A. Jacobi!*

But, dear Doctor, how do you know that because you were politely requested to step aside, that the fifty-five or sixty thousand physicians composing the profession in this country feel it "both a personal grief and a personal calamity" your "humiliation"? Do you not think you trusted too much to the credulity of your hearers when you made the assertion? And, as the International Congress will be held in this country, and furthermore will be attended by the "giants of science, the celebrated teachers, the ingenious experimenters, and our literary or personal friends of Europe," THE BULLETIN feels justified in hailing you—

*Witless Dr. A. Jacobi!*

The next subject the amiable President dwells upon is the New Code of Ethics, into which he enters with much zeal, and we are sure THE BULLETIN will be forgiven when it whispers in his ear, that it was in bad taste as a President of a Society in whose body are a number of gentlemen who differ with him very seriously in his peculiar views on many subjects. But that has always been the trouble with our friend—imagining that all around him are governed by his great intellect. Surely we may now style him—

*Overweening Dr. A. Jacobi!*

After his great and labored effort to prove how superior the New Code people were to all the rest of the profession, and probably observing signs of weariness in his audience, the profound Doctor assumed a new role, one which reminds us very much of the historical character—and who, by the way, is far better known throughout the civilized world than our friend will ever be, no matter how long he may intrigue and scheme—in "Mother Goose's Melodies." If we remember rightly the song runs in this way:—

"There was a man in our town, he was so wondrous wise,
He jumped into a bramble bush and scratched out both his eyes;
When he found he had scratched them out, with all his might and main,
He jumped into another and scratched them in again."

To prove the analogy. Our shrewd intimate, perceiving that he had jumped into a bramble bush and disfigured his eyesight by his ill-timed attack aimed at the Code of Ethics of the American Medical Association, hastens to repair the evil by leaping into another, exclaiming, "No society, either political or other, can ever do without a penal code—old or new—thus there is no harm in admitting that [this] Academy is in need of a Committee of Ethics like any other Society," and then proceeds by a strong argument to prove how necessary it is to draw the line somewhere, and to do this a strong Code is essential, that is, provided he is the governing power, and it does not conflict with his ambitious views. Let us trust that the last bramble bush will effectually restore his eyesight, and with it some wisdom, too. And now THE BULLETIN can only observe—

*Hapless Dr. A. Jacobi!*

Our agreeeable task is done. We have given our readers a fair *résumé* of the celebrated "Address," accompanied with a few comments of our own, all of which we hope will prove acceptable. But lest Dr. A. Jacobi should feel that he owes us a debt of gratitude, we will state to him that we shall be amply repaid if he will follow our advice in one respect, and we offer it to him with the most profound regard. It is this! If ever he should have the opportunity of again making an "Address," let him insist that he shall not be introduced by these words—

*This way, Mr. Merryman!*

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## *DR. KINLOCH AND THE COMMITTEE OF ARRANGEMENTS OF THE AMERICAN MEDICAL ASSOCIATION.*

THE following letter from the Journal of The American Medical Association, of October 24, 1885, will explain itself:—

DR. N. S. DAVIS.

*Dear Doctor:*—Dr. R. A. Kinloch, of Charleston, S. C., occupies nearly three pages of the Medical News, in an effort to prove that he alone was right, and that all the other members of the Committee of Arrangements, who were present in New York on September 3d,

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were utterly wrong. Dr. Kinloch frankly acknowledges that he did not approve of the action of the American Medical Association in creating the enlarged Committee, and states that he only accepted a position on the Committee because he "recognized the obligation to serve the Association, and indulged the hope of sustaining a spirit of harmony." This quotation looks well in print, but its beauty is marred by the fact that the conduct of its author was not in accord with its spirit. If his course of action as a member of the Committee implied any obligation on his part, it apparently implied an obligation to serve a *coterie* of personal friends, regardless of the rights or wishes of the American Medical Association, and so far from endeavoring "to sustain a spirit of harmony," he persistently endeavored to obstruct the proceedings of the Committee by frittering away valuable time with trivial objections. The members of the Committee understood, however, the peculiar position in which Dr. Kinloch had been placed, and listened to him with attention and sorrow, and then voted and acted in accordance with the wishes of the Association, and for the best interests of the American medical profession.

Dr. Kinloch complains that a letter which he forwarded to the temporary Secretary was not read before the meeting of the Committee in Chicago, or embodied in the report which was recently published. I had received nearly two hundred letters at that time, some of which were similar in tenor to Dr. Kinloch's, but the great majority expressed approval of the action of the Association. To have read them all would have occupied the whole day. The Committee therefore directed me to read only the one which had been received from Dr. Austin Flint, Sr., the eminent President of the Congress.

I do not believe that Dr. Kinloch thinks that the mere reading of his letter would have worked a revolution in the sentiments of the other members of the Committee, but I can assure him that the subsequent proceedings of the meeting were not at all influenced by its omission. I can also assure him that I replied to his letters as promptly as was possible. The number of letters which came to me while acting as Secretary of the Committee was so great that more or less delay in answering them could not be avoided, but all received attention at the earliest possible moment.

Dr. Kinloch's chief grievance, however, appears to be that the Committee exercised its right of filling a number of the vacancies which had been made in several of the important offices of the Congress, by the resignation of a number of those who had been previously appointed. According to Dr. Kinloch many of these resignations were merely tentative in character, and not intended to be *bona fide*, and the appointment of new men to the important places was a manifestation of vindictiveness on the part of the Committee which Dr. Kinloch could not condone. To use Dr. Kinloch's own words: "The work of filling the so called vacancies in the most important offices had continued without any question as to the acceptance of resignations. The spirit of vindictiveness (I regret to have to use the term) under the presumed offence given by the parties who had proposed to withdraw, seemed to me to be irrepressible, so I could not consent to occupy the position which had been assigned me."

I was informed several months ago, that many of the published resignations had been forwarded in a half-hearted manner, and that many more had been procured by earnest personal solicitation, but that none of the distinguished resigners intended to permanently refrain from participation in the International Medical Congress. Their aim was to compel the Association to reinstate the Original Committee, with full power to reinstate themselves and their New-Code friends in office, to give four positions to one, five to another, six to another, and so on to the end of the chapter.

I was inclined to doubt the correctness of this at first, but Dr. Kinloch has corroborated it by practically admitting that many of the resignations were only intended for dramatic effect. Dr. Kinloch and his friends understand by this time, however, that the Committee of Arrangements, appointed by the American Medical Association, could neither be cajoled nor intimidated. That Committee was created for a special purpose, "to appoint

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the officers of the Congress." Its work has been performed without fear and without malice. The general officers of the Congress and the officers of the various sections have been appointed, and have organized an Executive Committee who will now take charge of all minor details. Some further vacancies may occur by death, or otherwise, but they will be filled by competent and thoroughly representative men who are in accord with the American medical profession.

JOHN V. SHOEMAKER, M.D.

## *TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION.*

THIS admirable volume, which has been compiled by Austin Flint, Jr., M.D., and published by D. Appleton & Co., is superior both in brilliancy of contents and typographical execution to any volume of Transactions which has ever been issued by any other State Society. It contains four addresses and forty-six original articles, of which seventeen are devoted to surgery, fifteen to medicine, eleven to obstetrics and gynæcology, three to ophthalmology, two to materia medica, one to physiology, and one to insanity. They are all of a high order of merit, and were written by physicians whose eminent abilities are everywhere recognized, and whose devotion to the National Code of Ethics cannot be doubted. The volume also contains an interesting account of the causes that led to the formation of the Association, as a protest against the conspiracy by which the so-called "New Code" was forced upon the State Society. Many practitioners of more or less standing had long chafed under the restraints imposed upon them by the National Code of Ethics, and yearned for the pecuniary advantages to be gained by consulting with any and all practitioners who could or would bring them patients. It seemed easy to bring this about if they could find an excuse for their action in the laws of the State. A law was accordingly introduced and passed in 1880, declaring certain irregular practitioners to be legally qualified medical men provided they complied with certain conditions of registration. The way being thus made clear, the matter was brought up at a meeting of the Medical Society of the county of New York in 1883. At this meeting "the leader of the 'New Code' movement, supported by a large number of adherents, who blindly followed his dictation, displayed a degree of arrogance and assumption that has seldom if ever been witnessed in such a body. Many voices were raised in behalf of the honor of the profession, but they were unheeded. One of the most eminent men in our ranks, respected alike for his age, attainments, and the purity of his professional and private life, was merely tolerated in making his protest, while the curt and peremptory orders of the 'New Code' leader to vote in a certain way on each question raised were received with stormy applause and implicitly obeyed." The unfair and unparliamentary methods are then detailed by which the conspirators captured the New York Academy of Medicine. The faithful members of the profession had then no recourse left but to form a new Association and place themselves in affiliation with the American Medical Association. They have done this, and recent events have demonstrated that the American Medical Association will not permit itself to be dictated to or intimidated by the band of unscrupulous conspirators who have done so much to demoralize the profession in New York. Neither will it permit the rights of those who have remained faithful to it to be trampled on by any one man, or any three or four men, no matter whether they reside in Philadelphia, Washington, or Baltimore.

## *THE SURGEON-GENERALSHIP OF THE U. S. MARINE HOSPITAL SERVICE.*

PRESIDENT CLEVELAND is to be congratulated upon his determination to refuse to accept the resignation of Dr. John B. Hamilton, the present efficient Surgeon-General of the U. S. Marine Hospital Service. Dr. Hamilton entered the service as Assistant Surgeon, and without any patronage or influence but that which industry and ability commanded, won his way to the important position which he now occupies. A partisan cry

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was raised against him a few months ago, but the most searching inquiry failed to reveal any just cause for the charges which had been made against him. President Cleveland then sent for him, and informed him that, as his administration of the service had been so successful and satisfactory, the public good demanded that he should remain as Surgeon-General, and that there was no longer any intention of superseding him. Dr. Hamilton's vindication is therefore complete, and the country is to be congratulated upon the retention of a vigilant guardian of the public health.

## *THE REST CURE AGAIN.*

DR. JOHN FRISSELL, in a valuable paper presented before the State Medical Society of West Virginia, lays especial stress upon the value of rest and time in the treatment of various chronic diseases. Three months, six months, twelve months, are remedies of great value. They will cure more uterine troubles than all the pessaries and supporters ever invented for that purpose, and will render invaluable service in the treatment of inflamed and injured joints, chronic rheumatism, and obstinate neuralgias. Dr. Frissell was consulted last summer by a patient for some slight disorder, who told him that she had at one time suffered greatly from prolapse of the uterus. On asking what treatment had been instituted to make her recovery so perfect, she replied that she was put in bed and kept there for a year.

Dr. Frissell in commenting upon this and other cases, says, with much truth, that patients often go hundreds of miles to some prominent specialist to be treated for uterine troubles. They are ordered to bed and kept quiet for a number of weeks, and various kinds of pessaries or other appliances are used from time to time. After a while they go away much improved, believing that the instrumental treatment had made them better. In reality, however, it was the enforced rest which had effected the cure, the pessaries and other appliances merely serving as a mental placebo.

GOOD NEWS.—The subscription list of THE BULLETIN is steadily increasing.

# CORRESPONDENCE.

## *THE INTERNATIONAL MEDICAL CONGRESS.*

JERSEY CITY, N. J., Oct. 1, 1885.

*Editor Medical Bulletin, Philadelphia.*

DEAR DOCTOR: I hereby send you the "Sanitarian" of June, 1885, in which appears a very impartial and just criticism (by its able editor, Dr. Bell) on the unwarrantable and unjustifiable action of *a few* of the *members* of the *first* Committee appointed by the American Medical Association in 1884, to invite the International Medical Congress to meet in the United States in 1887.

It may seem a little ungracious in me, an humble member of the profession, to call special public attention to the unworthy actions and bad conduct of distinguished individuals, members of our profession. But it is my candid conviction, in view of the fact, that there is a *definite plan* and *settled determination* on the part of a few of the members of the first committee of eight, now to constantly misrepresent and pervert everything in reference to the International Medical Congress, or the actions of its enlarged Committee. But the time has now arrived when we should call things by their right names. It would appear by their action that Drs. J. S. Billings, I. Minis Hays, J. M. Browne, and a few others, wish to be placed along with those who prefer to dwell in the kingdom of contention and misrepresentation, rather than to be indwellers in the realm of light and science. We should make no mistakes in this matter. Each one of us are making history as we go along in life. These gentlemen, who are doing so much to throw discredit upon the whole medical profession of the United States, and obstacles in the way of a successful International Congress, are *also making history.*

Let it be distinctly known who they are, so that we may know where to properly place them in the future. It is well known to every physician conversant with the affairs of the coming International Medical Congress, that every effort is being made both by public and private correspondence to *discourage* the *foreign members* of the Congress from attending. This is an outrage that merits stern rebuke, and should brand every medical man found guilty

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of such conduct as an enemy of the profession, who is *fitted only to ruin what he cannot rule.* If care is not taken to contradict their false statements much harm may ensue. Therefore it behooves every member of the profession who is interested in the success of the coming International Medical Congress, and who has any acquaintance with foreign members, to communicate at once with them, explaining the nature and *true inwardness* of this controversy. It must be evident to any unbiased mind at all conversant with the facts, that the whole trouble of this International Medical Congress controversy can be laid at the door of the ring in the first committee of eight, for the following undeniable reasons, viz. :—

1st. They exceeded their authority under the resolutions of 1884 in this, that after inviting the Congress, and securing its consent to meet in the United States in 1887, which was their specific duty, they then proceeded with undue haste and without authority, not only to outline a plan for the Congress, but proceeded to select and elect for themselves the most prominent official positions in the Congress, and the balance of the important positions were filled by their friends, mainly from the cities of Philadelphia, New York, and Boston, thus intimating that these three centres embodied all the medical intelligence of the country, which act of distinguished delicacy on the part of the Committee was not fully appreciated by the balance of the medical profession of the United States.

2d. This circumscribed programme, hastily mapped out, was published to the world *just previous to the meeting of the American Medical Association, at New Orleans*, before which body it certainly should have been FIRST *submitted* by the Committee *for alteration, amendment*, or *approval.*

3d. When the committee of eight was informed by the Association at New Orleans that there would be some change made in its rules and appointments, the ring in the committee imperiously and dogmatically denied the right of the Association to make any change, asserting that they were above and beyond the control of the Association, and not accountable to it for their actions.

This encroachment upon the plain and undoubted rights of the American Medical Association was not to be tolerated. In a republican form of government it is a well settled principle of law and *rule* of *action* in all *parliamentary bodies*, that *no committee* is *above* the *body* which created it; therefore, after the Association had patiently listened to the explanation and reading of this premature programme by the Secretary-General, and not relishing the fact of being so ignominiously ignored by its *own committee*, resolutions were introduced enlarging the committee, so as to more nearly represent the *entire* profession of the country, in order that there should be a *national*, rather than a *personal*, representation at the International Medical Congress. The American Medical Association by asserting its just prerogative, in thus changing somewhat the *personnel* of the committee by adding to its numbers, has given mortal offence to a few members of the first committee, and, rather than submit to the will of the Association, or allow any change to be made in their programme, they have petulantly resigned from the enlarged committee.

Now, there are some things in this world too thin to bear dilution, or too select or exclusive to bear addition. On which horn of the dilemma shall these members of the first committee be placed?

In view of the above facts, and many more that might be stated, I solemnly assert, and am willing to leave the truth of this assertion to the judgment of a candid world, that if the International Medical Congress is a failure, or is not a success, the *fault* can and will be placed at the door of the ring in the *committee of eight*, and they (the ring) must not be allowed—as they and *their* friends are *now attempting* to do —to *shift* their grave responsibility, and throw the odium of failure on the American Medical Association, or *its enlarged committee.*

I. N. QUIMBY, M.D.

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## *INTERNATIONAL MEDICAL CONGRESS.*

HATBORO, PA., Oct. 14, 1885.

DR. J. V. SHOEMAKER.

DEAR DOCTOR: The following letter was sent to the New York Medical Journal, but as they have evidently determined to print nothing but that which is injurious to the American Medical Association, I forward a copy of it to you for publication.

Yours, truly,

JOHN B. CARRELL, M.D.

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"HATBORO, PA., Sept. 23, 1885.

*"Editor of New York Medical Journal:*

"DEAR DOCTOR: After having received two months' specimen issues of your journal, I have, in common with many others, been asked to subscribe to the same. I am obliged to you for the Journal, but cannot consistently give aid to a journal that is doing its best to create a breach in the medical profession that several generations may not see healed. If you will stop to consider, you will, if you are not stone blind, see the incalculable injury your course will produce. There is, in this controversy about the next Medical Congress, "much ado about nothing," and it is time the giants of the profession, who are interested in this lamentable proceeding, should arise in their strength and dash this invader of our peace and unity to the ground.

"I am sorry to see that many of the opposition are specialists, and may it not be that they desire to get from under the restraint of the Association, so they can consult with all classes and schools of medicine. They are not satisfied with what they have, but want the earth. The tendency of specialism is to quackery, and these gentlemen, if not very careful, will do more to injure the cause they pretend to defend, than all the combined quackery in the country. I have observed the actions of these gentlemen for several years without much satisfaction. Now they have the audacity to throw the entire blame for this squabble upon the Association, and you are one of the party. You must not think you are not partly in fault, neither must the Association consider itself blameless, for in all quarrels both sides are more or less to blame. As an educator of public opinion you should work in a more elevated plane than you now occupy. The difficulty at issue can never be settled by the course you are pursuing. Let the opposing factions meet together, drop self-interest, study the good of the greatest number, be determined to settle this miserable and degrading squabble in a manly and dignified manner, and not go off in a pout as Conkling and Platt did. The eyes of the world are upon us, and we should act as men, not as babies. The more you agitate this matter the harder it will be to settle. By trying to harmonize the dissenting factions you can do much good, and any other course for you to pursue is a disgrace to the profession at large. If this squabble cannot be settled by the means I point out, then let the old or Original Committee appoint two gentlemen, the Association two, and these four select the fifth to adjust the dispute, all parties being bound to submit to the findings of the arbitrators. Don't agitate this matter any more, but settle it at once is the opinion of the great majority of the profession. Very respectfully.

"JOHN B. CARRELL, M.D."

## MEDICAL NEWS AND MISCELLANY.

DR. B. F. BAER has removed to 2010 Chestnut Street.

DR. CHARLES K. MILLS has removed to 1909 Chestnut Street.

DR. ROBERTS BARTHOLOW has removed to 1525–27 Locust Street.

PROFESSOR THEOPHILUS PARVIN has removed to 1718 Walnut Street.

DR. WILLIAM H. WEBB was married on September 3d to Miss Louisa Beitel, of Philadelphia.

THE annual session of the American Academy of Medicine was held in New York on October 28th.

DR. THOMAS H. BRADFORD was married on September 30th to Miss Katharine A. Nevins, of Philadelphia.

DR. CHARLES MEIGS WILSON was married on October 7th to Miss Alice M. von Tagen, of Philadelphia.

DR. P. O. HOOPER, of Little Rock, Ark., has been appointed superintendent of the Arkansas State Insane Asylum.

DR. SOLOMON SOLIS-COHEN has been appointed Chief of the Out-Door Medical Department of Jefferson College Hospital.

PROFESSOR J. J. M. ANGEAR, Professor of Principles of Medicine in the College of Physicians and Surgeons of Chicago, has resigned.

THE Second annual meeting of the New York State Medical Association will be held in New York on November 17th, 18th, and 19th.

DR. ROBERT BATTEY has performed thirty-two consecutive ovariotomies this year at his infirmary, in Rome, Ga., without a single fatal result.

DR. JOHN B. DEAVER, Demonstrator of Anatomy in the University of Pennsylvania, has been offered the Chair of Anatomy in the University of Vermont.

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PROFESSOR F. L. REA has resigned from the Chair of the Principles and Practice and Clinical Surgery in the College of Physicians and Surgeons of Chicago.

DR. C. A. BRYCE (Southern Clinic) has obtained the most satisfactory results from the external use of the oleate of mercury in obstinate hepatic congestion.

THE Introductory Address to the Sixty-first Annual Course of Lectures at the Jefferson College was delivered on September 30th, by Professor J. W. Holland, M.D.

THE PARIS SOCIETY OF HYGIENE has awarded diplomas of merit to Drs. H. P. Walcott, Charles Folsom, and S. W. Abbott for their labors in the cause of sanitary science.

DR. FRANK H. POTTER, lecturer on Materia Medica in the Niagara Medical College, has sailed for Europe, where he will spend three or four months in study and professional observation.

THE Introductory Address to the One Hundred and Twentieth Course of Lectures in the Medical Department of the University of Pennsylvania, was delivered by Professor William Osler, M.D., on Thursday, October 1st.

DR. W. W. REYNOLDS (Medical and Surgical Reporter) has obtained better results from strychnia than from quinia in recurrent malaria. He invariably orders ♏x of the liquor strychnia to be taken before each meal, and claims that by this method the attacks are broken up at once.

SALIX NIGRA.—Dr. F. F. Paine (Medical Age) recommends the fluid extract of salix nigra in drachm doses for the various neuralgias and dysmenorrhœas of ovarian origin. It has also yielded satisfactory results in the treatment of masturbation, and effected a cure in an obstinate case of ovarian epilepsy.

THE PENNSYLVANIA AND MARYLAND MEDICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. R. C. Broomell, Port Deposit, Md.; Vice-Presidents, Drs. J. M. Deaver, Buck, Lancaster Co., Pa., and G. S. Dare, Rising Sun, Md.; Secretary and Treasurer, Dr. S. J. Rouse, York, Pa.

THE MISSISSIPPI VALLEY MEDICAL SOCIETY has elected the following officers: President, Dr. A. Dixon, Henderson, Ky.; First Vice-President, Dr. G. W. Burton, of Mitchell, Ind.; Second Vice-President, Dr. T. D. Washburn, of Hillsboro, Ill.; Third Vice-President, Dr. William Cheatham, of Louisville, Ky.; Secretary, Dr. H. J. B. Wright, of Olney, Ill.

THE PHYSICIANS' MAGAZINE is the title of a new medical monthly published by Messrs. Foote & Swift, of Philadelphia. It is abundantly illustrated, and contains a number of original communications of a high order of merit. The list of present and future contributors is an evidence that the publishers are determined to win for it a front place in the ranks of American medical journalism.

DR. M. ARTHUR (Chicago Medical Journal and Examiner) reports a case of quadruple pregnancy occurring in his practice at Waverly, Dakota. The labor commenced four hours before the doctor arrived, and terminated two hours afterwards in the birth of two boys and two girls, weighing twenty-one and a half pounds in all. There were five children in the family before. The four latest are now being nursed on the mixed plan and are doing very well.

THE AMERICAN GYNÆCOLOGICAL SOCIETY.—At the recent meeting of the American Gynæcological Society in Washington, D. C., the following gentlemen were elected officers for the ensuing year: President, Dr. T. A. Reamy; First Vice-President, Theophilus Parvin; Second Vice-President, Dr. G. J. Engelmann; Secretary, Dr. J. T. Johnson; Treasurer, Dr. M. D. Mann; Members of the Council, Dr. F. P. Foster, Dr. J. C. Reeve, Dr. B. B. Browne, and Dr. R. B. Maury.

COCAINE IN THE VOMITING OF PREGNANCY.—Cocaine has recently been recommended as of great value in the vomiting of pregnancy. Dr. A. J. Stone reports to us verbally that he has recently had complete success in this use of the new drug. The patient was in the fourteenth week of pregnancy, and all of the standard measures for relief of the vomiting had been tried in vain. Ten drops of a four per cent. solution were given hypodermically over the pit of the stomach.—*Northwestern Lancet.*

REQUEST FOR REPRINTS.—Having taken charge of reporting for the Revue Générale d'Ophthalmologie, edited by Dr. E. Meyer, of Paris, and Dr. Dor, of Lyon, on the progress of Ophthalmology in the United States, I beg leave to request all authors of ophthalmological works and papers to send me copies or reprints of their respective communications, in order to enable me to give the most complete review of the current ophthalmological literature of our country in a periodical of the largest circulation among oculists throughout the world. (Medical papers please copy.)

DR. M. LANDESBERG.
40 W. 34th Street, New York.

SULPHUROUS ACID AS A DISINFECTANT.—M. Dujardin-Beaumetz says (Jour. de Méd., British Med. Jour.) that sulphurous acid is the best disinfectant. It destroys all the organisms contained in the air with the exception of the bacillus

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anthracis. He has tried the bottles of compressed sulphuric acid recommended by M. Pictet, of Geneva, but their high price is a serious obstacle to their use. It is better to burn, in the closed room, about one ounce of sulphur for each cubic metre of air. The sulphur is mixed with a little alcohol on a saucer placed on sand. Sulphurous acid spoils many colors, and all metals, but the latter can be protected by a thick layer of grease.

DR. C. J. PETERS (Indian Medical Gazette) reports a case of small-pox in which he aborted the pustules and prevented the secondary fever by the external application of a mixture prepared by boiling four ounces of quicklime and eight ounces of sulphur in five pints of water, until the resultant compound is reduced to three pints. As it is liable to undergo decomposition if kept for three or four days, it should be prepared only as needed, and applied to the vesicles or pustules two or three times a day. Those which were treated in this manner by Dr. Peters did not suppurate, but dried up in a few days. No pus being formed, no secondary fever due to the resolution of purulent material ensued, and the patients soon became convalescent.

OXALATE OF CERIUM IN VOMITING.—Dr. W. R. Chittick (Detroit Lancet) considers the oxalate of cerium to be worthy of more attention than it has hitherto received. It is superior as a gastric sedative to either bismuth, hydrocyanic acid, bicarbonate of soda, or calomel, and unlike these remedies its use does not preclude the simultaneous administration of any other remedy that may seem to be indicated. It must, however, be given in larger doses than is recommended by the text-books. Dr. Chittick generally orders from ten to twenty grains, to be taken every two, three, or four hours until relief is obtained. Its value appears to be due to its direct sedative and astringent action upon the terminal filaments of the pneumogastric nerves.

THE VIRGINIA STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. Rawley W. Martin, Chatham, Va.; Vice-Presidents, Drs. John S. Apperson, Town House, T. B. Greer, Rocky Mount, and H. M. D. Martin, Fredericksburg; Recording Secretary, Dr. Landon B. Edwards, Richmond, Va.; Corresponding Secretary, Dr. J. F. Winn, Richmond, Va.; Treasurer, Dr. Richard T. Styll, Richmond, Va.; to deliver Address to Public and Profession, 1886, Dr. Hugh T. Nelson, Charlottesville. Nominated to the Governor as Examiner-at-large on State Board of Medical Examiners (to fill vacancy occasioned by the death of Dr. F. D. Cunningham), Dr. Thomas J. Moore, Richmond, Va.; Examiner on State Board from Third Congressional District (to fill vacancy occasioned by resignation of Dr. O. A. Crenshaw), Dr. Hugh M. Taylor, Richmond; Dr. Meade C. Kemper, Norfolk, Examiner from Second District; Leader in Discussion, Dr. L. Ashton, Falmouth, Va.

EARLY TAPPING IN ASCITES.—On the strength of a number of experiments, Ewald argues in the Berliner Klinische Wochenschrift in favor of early tapping in abdominal dropsy. He claims that the disadvantages cited against early operations, such as rapid reaccumulation, and thereby increased loss of organic substances, collapse, peritonitis, etc., are more than counterbalanced by the absolute benefits. Collateral circulation is much improved, pressure upon the abdominal viscera and the heart and lungs is relieved, and a degree of function more allied to the normal made possible. Assimilation of food is thus enhanced, and the administration of violent drastics made unnecessary. The dangers of injuring the intestine are not great, if due care is taken. The result, of course, is only palliative in cases where organic lesion precludes the possibility of a complete cure. Life is certainly not shortened by the early interference; and a more frequent repetition of the measure is plainly made possible only by a prolonged lease of life.—*Weekly Medical Review.*

GOUTY ŒDEMA.—Dr. Negel (Le Progrès Med., British Med. Jour.) relates the case of a rather stout lady, aged 41, subject to rheumatoid pains in the joints, who on two occasions had noticed, after bathing in a river, swelling of the whole body accompanied by violent itching and burning. Since the last occurrence, she became liable, whenever she washed her hands in cold water, to swelling, redness, and violent itching and burning of the fingers. Similar swellings might attack the feet, the arms, the nose, or the ears, under the influence of cold air or contact with a cold body. Her nose and ears often became swollen when she went out of doors without taking proper precautions to protect them. The parts, when affected, looked red, shivering, and distended. In from one to three hours they returned to their natural state. Under treatment by salicylate of soda and liquor arsenicalis, with two alkaline baths a week, she became completely cured, none of the above named causes being capable of producing a return of the swelling.

NITRO-GLYCERINE IN HICCOUGH.—Dr. O. T. Schultz (American Practitioner) reports a case of obstinate hiccough which persisted for ten days, notwithstanding the employment of morphia, atropia, chloroform, strychnia, and various minor remedies. Galvanization of the phrenics in the neck and of the epigastric region gave no relief. A heavy induced current to the epigastrium and along the costal attachment of the diaphragm

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broke up the spasms after five minutes, and there was complete absence of hiccough for one hour after each sitting, the attacks being less violent and less long in the interval between the *seances*. Improvement, however, did not last long. On the ninth day potassium bromid., gr. xxx, and strychnine, grain one-eightieth, were given every third hour. Only very transient relief was afforded by this combination, the hiccough not being quite so severe for a short time after the prescription had been taken. The next night was almost one constant hiccough, and on the morning of the tenth day the induced current failed to interrupt the attacks. One drop of the one per cent. solution of nitro-glycerine was then ordered to be taken every hour. The hiccough at once became less frequent and distressing, and ceased entirely within a half hour after the administration of the second dose.

APPLICATION OF CORROSIVE SUBLIMATE AND GLYCERINE IN EPITHELIOMA OF THE CERVIX UTERI.—Dr. Biddle (Brit. Med. Journal) states that but few things in the way of palliative treatment have given him greater satisfaction than the use, in a case of epithelioma of the cervix uteri, of a lotion or injection, containing one-fourth of a grain of corrosive sublimate and half an ounce of glycerine to a pint of water. Before using it, a patient of his had for seven or eight months been subject to paroxysms of agonizing pain and to frequent hemorrhages, which were occasionally profuse. Immediately upon its employment, and for the last three months of her life, the hemorrhage became merely nominal; and, instead of agonizing pain, there was simply the distress consequent upon irritation by the tumor of the bowels and bladder, the latter of which became perforated a week before death. He attributes the beneficial change to a very marked reduction in the amount of infiltration. The lotion was used continuously, with very few exceptions, twice a day during the three months, and he shall certainly adopt the same treatment in the next case he has, even before recovery is despaired of. In the case referred to, it was not tried until the curative effects of chromic acid had been tried in vain.—*Weekly Medical Review.*

SMALL-POX.—Dr. J. M. Jackson (Mississippi Valley Medical Monthly) says: When called to a case of small-pox I always proceed to vaccinate at once, and at the same time clear out the alimentary canal with saline cathartics as early as practicable. To break down congestion by equalizing the circulation, and at the same time to counteract the much dreaded septicæmia, I administer quinine in five-grain doses, combined with carbolic acid in half-grain doses, to be repeated every four or five hours. Quinine is not only our most effective remedy against congestion, but is one of our best antiseptics.

As soon as the pustules are developed I take a hypodermic syringe and aspirate the lymph or pus, as the case may be, from time to time from the pustules. By this means I prevent the absorption of the greater portion of the pus, and thereby prevent in a great measure the formidable and fatal effects of blood-poisoning, in consequence of which we find the alarming symptoms of depression of the vital powers and secondary fever.

The question comes up, can the duration of small-pox be cut short by this means? I answer, Yes, and materially so. In my practice I am satisfied the duration of the disease has been shortened five or six days, and even during its continuance all the most alarming symptoms have been greatly ameliorated. I at the same time apply a mixture of olive oil and carbolic acid, consisting of ten parts of the former to one of the latter, over the whole pustulated surface. This can be done with a soft swab, or perhaps better with a large feather.

INDUCTION OF PREMATURE LABOR.—Dr. T. Gaillard Thomas (Physician and Surgeon) says: The method of inducing premature labor which I now invariably adopt is a very simple, and at the same time a perfectly efficient, one. The patient is placed across the bed, with the buttocks resting near the edge, and under is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub on the floor. In this tub we put one or two gallons of water at a temperature of ninety-eight degrees Fahrenheit. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, rythmical uterine contractions soon follow, and the labor is completed in a few hours.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life, which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before the full term it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the tempera-

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ture of the room in the meanwhile being brought up to nearly one hundred degrees."

QUACK NOSTRUMS.—Of making quack nostrums, as Solomon said of books, there is no end, each day bringing out some new remedy, which, singularly enough, as it is claimed, will take the place and perform the functions of all others which have preceded it. Of course, we do not mean to intimate that all these things are valueless, but, yet, human credulity is so strong that some unscrupulous person, trading on the fears of hypochondriacs or sickly people, only needs, as the late lamented Mr. Spoopendyke would have said, a bunch of weeds and a gallon of water to be a wholesale drug store. Among the things which appeal most strongly to this weakness are bitters. The very name is in their favor. The mode of life of the average American is of such a character that he is constantly in need of a tonic. He is rushed at his business, swallows his meals hastily and without any thought as to the capacity of his stomach for digestion, takes little rest and necessarily feels hipped, is subject to headache, and takes often a gloomy view of things generally. In such cases he resorts to bitters, under the delusion that they will act on the secretions of the stomach and give the system new strength and energy. Men with active brains, whose professions compel them to lead sedentary lives also long for a tonic. They may be opposed to the use of what are popularly called stimulants, meaning fermented liquors, and so they lay the flattering unction to their souls that a wineglassful of some bitter decoction will steady their nerves, supply their brains with gray matter and exhilarate them without after-depressing. A little thought would show them under what a fallacy they are laboring. The writer recently purchased samples of four of the most widely advertised bitters in the market, and the simple chemical analyses to which they were subjected showed that they contained about thirty per cent. (the amount the government allows) of the most poisonous and adulterated alcohol, and that the residuum consisted of various foreign substances, which were simply added as flavoring extracts to disguise the taste of the original compound. The poorer the grade of the alcohol the more vicious is the compound. The value which such so-called bitters are supposed to have, is of a purely fictitious character. In fact, in time they irritate and injure the delicate membrane of the stomach, and so vitiate the taste, that the palate soon cannot distinguish between good and bad. It is neither a natural nor a healthy excitement which is produced by these so-called aids to digestion, and the wonder is that the sensible people, who know a little at least as to the operation of natural laws, should allow themselves to be so misled as to what the system really needs. These decoctions are consumed principally by the debilitated, the convalescent, the depressed, and particularly by aged people and weak women, and others to whom a stimulant is indispensable. Now, while alcohol, especially in the form of whiskey, is acknowledged to be the best known stimulant, and is prescribed and used for this purpose by physicians everywhere, we cannot conceive why people will insist upon taking this whiskey in the form of a decoction, the compounding of which they know nothing, and which, as shown by analysis, contains poisons of the most deadly kind. It would be far better for them to come out boldly and use the pure article, something made from malt, which combines both food and stimulative qualities.

THE EXECUTIVE COMMITTEE OF THE NINTH INTERNATIONAL CONGRESS.—The first meeting of this committee, consisting of the General Officers of the Preliminary Organization of the Congress and the Presidents of the Sections, was held in New York, September 24, 1885. More than a quorum of the members of the committee were present, consisting of the President, Professor Austin Flint; Treasurer, E. S. F. Arnold, M.D., M.R.C.S.; Chairman of the Finance Committee, Professor Frederick S. Dennis; President of the Section of General Medicine, Professor Abram B. Arnold; President of the Section of General Surgery, Professor William T. Briggs; President of the Section of Military and Naval Medicine and Surgery, Professor Henry H. Smith; President of the Section of Diseases of Children, Professor J. Lewis Smith; President of the Section of Anatomy, Professor William H. Pancoast; President of the Section of Collective Investigation, Vital Statistics, and Climatology, Henry O. Marcy, A.M., M.D.; President of the Section of Dermatology and Syphills, Professor A. R. Robinson.

The committee was organized by the election of Henry H. Smith, of Philadelphia, as chairman, and Frederick S. Dennis, of New York, as secretary *pro tem.* After a free interchange of views, Frederick S. Dennis was appointed Associate Secretary-General, and Dr. R. J. Dunglison was appointed Chairman of the Finance Committee. The President, the Secretary-General, and the Associate Secretary-General were instructed to issue a circular announcing the Preliminary Organization of the Congress and the rules adopted for its membership and government. To prevent all further misunderstanding, both at home and abroad, the Committee unanimously adopted the following resolution:

*Resolved*, That this Executive Committee enters upon the management of the affairs of the Ninth International Medical Congress, with the understanding that, in accordance with Rule No.

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10, its powers are not restricted except by the rules and regulations adopted Sept. 3, 1885, by the Committee of Arrangements appointed by the American Medical Association in April, 1885; and that the actions of this Executive Committee are final, not being subject to revision, amendment, or alteration, by either the Committee of Arrangements or the American Medical Association.

The Rule 10, alluded to in this resolution, is as follows:—

"10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections shall together constitute an Executive Committee of the Congress, which committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of businesss."

The proceedings of the Committee were characterized by entire harmony and a commendable zeal in pushing forward the proper preparations for the Congress.—*Jour. Am. Med. Association.*

## BOOK REVIEWS.

*Seventh Annual Report of the State Board of Health of the State of Rhode Island, for the Year 1884.* Compiled by CHARLES H. FISHER, M.D., Secretary, Providence, R. I.

This volume contains a carefully prepared report of the births, marriages, and deaths in Rhode Island during the year 1884, and several valuable papers on sanitary matters.

*Renal and Urinary Affections.* By W. HOMSHIP DICKINSON, M.D., F.R.C.P., etc. New York: William Wood & Co., 1885.

This interesting work is the August number of Wood's Standard Library. It is written by a physician of wide experience and acknowledged reputation, and contains much new and valuable matter in reference to the treatment of renal and urinary diseases.

*Tracts on Massage No. 2. The Physiological Effects of Massage.* Translated from the German of RIEBMAYER, with Notes. By BENJAMIN LEE, A.M., M.D. Published by Benjamin Lee, A.M., M.D., Philadelphia.

This valuable pamphlet presents a summary of the physiological effects of massage on the circulation, secretion, and excretion, and on the general nervous system. It is written in an attractive style, and contains a large amount of valuable information.

*Erythroxolon Coca; Its Preparations and Their Medicinal Applications.* Philadelphia: William R. Warner & Co., 1885.

Erythroxolon coca and its alkaloid cocaine occupy such an important place in the therapeutic armamentarium that every physician should become thoroughly familiar with their varied uses and capabilities. This elaborate monograph contains an admirable description of the plant and its preparations with a complete synopsis of their medical properties.

*Poisons; Their Effects and Detection; A Manual for the Use of Analytical Chemists and Experts.* By ALEXANDER WYNTER BLYTH, M.R.C.S., F.S., etc. Volume II. New York: William Wood & Co., 1885.

This is the introductory volume of Dr. Blyth's excellent work on Poisons, and has been issued as the July number of Wood's Standard Library. It is encyclopædic in character, including treatment as well as diagnosis and symptomatology, and will well repay the time spent in reading and re-reading it.

*The Wasting Diseases of Infants and Children.* By EUSTACE SMITH, M.D. Fourth edition. New York: William Wood & Co., 1885.

The fourth edition of this well-known work constitutes the April number of Wood's Standard Library. The success which attended the rapid sale of the three preceding editions is a sufficient proof of its value. The text of the present issue has been thoroughly revised, and much additional matter introduced into its pages. Care has been taken, however, to maintain its thoroughly practical character, so that it may still be depended upon as a trustworthy guide in the treatment of the chronic diseases of infantile life.

*The Oleates; An Investigation into their Nature and Action.* By JOHN V. SHOEMAKER, A.M., M.D., Lecturer on Dermatology at the Jefferson Medical College; Physician to the Philadelphia Hospital for Skin Diseases, etc. Philadelphia: F. A. Davis, Atty., 1885.

This little volume contains a *résumé* of all that has been hitherto written about the oleates and their uses, as well as an account of some more recent investigations of their action. The therapeutic employment of this class of medicinal agents is only in its infancy as yet, but the results which have been obtained justify the belief that they will eventually occupy an important place in the treatment of all cutaneous diseases.

*Berlin as a Medical Centre: A Guide for American Practitioners and Students.* By HORATIO R. BIGELOW, M.D. New England Publishing Company, Sandy Hook, Conn., 1885.

We can cheerfully commend this little book to any one who proposes to visit Berlin. It is well known that the advantages for observation and study presented by the medical schools of that

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city are superior to those of any other in Europe. A stranger, however, is necessarily compelled to lose more or less time during the first month in finding out how to use all the opportunities that may be presented to him. Much, if not all, of this loss may be avoided by a previous perusal of Dr. Bigelow's book.

*Transactions of the Louisiana State Medical Society at its Seventh Annual Session, held in New Orleans, April 21st, 22d, and 23d, 1885.* Compiled by P. B. McCUTCHEON, M.D., Secretary, New Orleans, La.

This interesting volume is an evidence of the activity and prosperity of the Louisiana State Medical Society. It contains the President's Address, by Dr. R. H. Day; the Annual Oration, by Mr. W. H. Goodale, and the following valuable papers: The Relationship of the Teeth to the General System, by Andrew G. Friederichs, M.D.; The Long-Continued Fevers of Louisiana that Resist Quinine, by Dr. Rudolph Matas; Chloroform, by Dr. M. Schuppert; and Hemorrhagic Malarial Fevers, by Dr. E. J. Newton, Jr.

*List of Tests: Arranged in Alphabetical Order, according to the Names of the Originators.* By HANS M. WILDER. New York: P. W. Bedford, 1885.

This unique little book contains 870 chemical tests, arranged alphabetically, according to the names of those by whom they were first proposed, and indexed under the names of the substances to be sought for or tested. No book like it has yet been issued either in this or any other country. It is invaluable to the physician as well as to the chemist and pharmacist. No private library could furnish all the information that it contains, and even many public libraries could be searched in vain for the works of reference from which its contents have been compiled.

*Applied Medical Chemistry; A Manual for Students and Practitioners of Medicine.* By LAWRENCE WOLFF, M.D., Demonstrator of Chemistry, Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This is a practical treatise of medical chemistry for the use of medical men. It is not filled like the ordinary text-books with a mass of material which, while essential to the general chemist, is utterly irrelevant to the practice of medicine, but it contains a complete description of the various tests, analyses, and other processes with which the physician should be familiar. It will, therefore, be found valuable, not only to the student when preparing for examination, but also to the busy practitioner as a work of reference.

*Clinical Studies on Diseases of the Eye.* By DR. FERDINAND RITTER VON ARLT, Professor of Ophthalmology in Vienna. Translated by LYMAN WARE, M.D., Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This is one of the most valuable of opthalmological text-books. It is thoroughly practical in character and embraces the essence of almost fifty years of ophthalmological practice in a city where material is probably more abundant than in any other in the world. The remedies and operative procedures which the author has found useful during that time are considered in detail. Much stress is also laid upon the necessity of carefully reflecting upon each morbid process in order to ascertain its cause. To determine this is no less important than to find out what region and how much of the optic structures are invaded by the disease.

*The Technology of Bacteria Investigation.* By CHARLES S. DOLLEY, M.D. Boston: S. E. Cassino & Co., 1885.

This volume contains a description of the different forms of bacteria which have been discovered in the tissues and pathological products of those suffering from various diseases. The author does not maintain that these minute organisms are always the cause of the degenerative or inflammatory process with which they are found associated. At times their presence is probably purely accidental. Continued observation, and an accumulation of facts will be necessary before their position in the genesis of disease can be definitely determined. Investigations in this branch of scientific inquiry have heretofore been principally conducted by our European brethren, but the publication of Dr. Dolley's valuable work will mark the beginning of a new era in this respect.

*Kirke's Hand-Book of Physiology.* Edited by W. MORRANT BAKER, F.R.C.S., and VINCENT DORMER HARRIS, M.D. Eleventh edition, with nearly 500 Illustrations. Vol. II. New York: William Wood & Co., 1885.

This second and concluding volume of Kirke's Physiology has been issued as the March number of Wood's Standard Library. It contains chapters on the Vascular Glands; The Causes and Phenomena of Motion; The Voice and Speech; The Income and Expenditure of the Human Body; The Nervous System; The Senses of Touch, Taste, Smell, Hearing, and Sight; Generation and Development; The Relation of Life to Other Forces. The appendix contains an interesting article on the Chemical Basis of the Human Body, and a number of valuable tables exhibiting the specific gravity of the fluids of the body, the size and weight of the various organs, and the sizes of the different histological elements.

*Urinary and Renal Derangements and Calculous Disorders.* By LIONEL S. BEALE, M.D., Fellow of the Royal Society and of the Royal College of Physicians, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This is one of the most interesting and instructive treatises on diseases of the urinary system that has yet been written. The author has not attempted to enumerate all the remedial measures which have been suggested in this troublesome class of affections during the last thirty years, but has endeavored to direct attention to the general principles which should be kept in

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view in the treatment of the various departures from the healthy state. The remedies recommended by him for each affection are consequently few in number, but they are such as have been found beneficial in an extensive private and hospital practice of almost a third of a century, and will commend themselves to the readers of the work as worthy of confidence.

*Transactions of the Medical Society of the State of West Virginia, Eighteenth Annual Session, held in Weston, May 20th and 21st, 1885.* Compiled by Dr. SAMUEL L. JEPSON, Secretary, Wheeling, W. Va.

This valuable publication contains the Annual Address, by the President, Dr. George Baird, of Wheeling, and the following instructive papers: The Errors of Refraction, by Dr. John L. Dickey, of Wheeling; A Few Thoughts on Blood-letting, and the Use of the Forceps in Labor, by Dr. John Frissell, of Wheeling; Carbolized Cat-Gut Ligature in Divided Tendons, by Dr. Fleming Howell, of Clarksburg; Operations in Malignant Disease, by Dr. D. Porter Morgan, of Clarksburg; Mens Sana in Corpora Sano, by Dr. T. A. Harris, of Parkersburg; Paraldehyde as a Hypnotic, by Dr. C. C. Hersman, of Weston; Signs of Impending Death, by Dr. T. A. Evans, of Nuttallsburg; and a Report on Vaccination, by Dr. R. S. Henry, of Charleston.

*Handbook of Diseases of the Skin.* Edited by H. VON ZIEMSSEN, M.D., Professor of Clinical Medicine in Munich, editor of Ziemssen's Cyclopædia of the Practice of Medicine. Illustrated with eighty wood engravings and color prints. New York: William Wood & Co.

This magnificent volume is issued by Messrs. William Wood & Co., as a gift to the subscribers to Ziemssen's Encyclopædia of the Practice of Medicine, of which it was intended to be the completing volume. It has been prepared by Dr. Von Ziemssen, assisted by a corps of collaborators, composed of eleven of the most distinguished German and Austrian dermatologists. Its title does not do justice to it, however. It is an encyclopædia, and not a hand-book. The subjects are treated in the thorough and exhaustive manner characteristic of the modern German school. Every chapter is a book in itself, and leaves nothing more to be said or learned in reference to its contents. We trust that the publishers will issue a separate edition of this volume, and place it on sale, so that those who did not subscribe to the former series may have the privilege of purchasing the present volume.

*Moisture and Dryness; Or, The Analysis of Atmospheric Humidities in the United States.* An essay read before the American Climatological Association. By CHARLES DENISON, A.M., M.D., Professor of Diseases of the Chest and of Climatology, University of Denver; author of Rocky Mountain Health Resorts, etc. Chicago: Jansen, McClurg & Co., 1885.

This elaborate monograph contains a series of carefully prepared maps and tables showing the relative absolute humidity of the atmosphere in twenty-five dry and twenty-five moist localities, selected from one hundred and thirty-six United States signal-service stations, and the average temperature in all the signal-service stations arranged according to the dryness of their atmosphere. The author insists that this latter factor is the most important one to be considered in the climatic treatment of phthisis. Equability of temperature is of minor importance, and must frequently be avoided, as it is inevitably associated with a large amount of atmospheric humidity.

*A Treatise on Epidemic Cholera and Allied Diseases.* By A. B. PALMER, M.D., LL.D., Professor of Pathology, Practice of Medicine and Clinical Medicine in the College of Medicine and Surgery in the University of Michigan; author of a work on the Science and Practice of Medicine, etc. Ann Arbor, Mich.: Register Publishing House, 1885.

This valuable work presents a summary of all that is known of the etiology, pathology, prognosis, and therapeutics of Asiatic cholera. It contains not only the results of the recent investigations of Koch, Klein, Emmerich, but also an admirable *résumé* of the observations and opinions of various eminent practitioners, who encountered the disease at its home in Asia, and during its migrations over Europe and America. It also contains a brief but excellent account of the causes and treatment of cholera morbus and cholera infantum. Dr. Palmer firmly believes that these two maladies, which visit us every year, are closely allied to the dread scourge of the Orient, differing from it only in degree and not in kind.

*A Manual of Practical Hygiene.* By EDMUND PARKER, M.D., F.R.S. Edited by F. S. B. FRANCOIS DE CHAUMONT, M.D., F.R.S. From the last London edition, with an Appendix giving the American Practice in matters relating to Hygiene. By FREDERICK N. OWEN, Civil and Sanitary Engineer. Two volumes in one. New York: Wm. Wood & Co.

This elaborate volume is almost encyclopædic in character. It contains chapters on Water, Air, Ventilation, Examination of Air, Food, Quality, Choice and Cooking of Food, Beverages and Condiments, Soils, Habitations, Removal of Excreta, Warming of Houses, Exercise, Clothing, Climate, Meteorology, Individual Hygiene, Disposal of the Dead, the Prevention of some Common Diseases, Disinfection and Deodorization, Vital Statistics, and an exhaustive series of articles on Military Hygiene. It presents an amount of information which cannot be found in any other single publication, and which will be of inestimable value to the practitioner of medicine. A physician's duty is not only to cure disease, but to endeavor to prevent its growth and development, but this cannot be done without such a comprehensive knowledge of the laws and principles of hygiene as may be obtained by a perusal of this valuable manual.

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*Second Report of the State Board of Health of the State of Tennessee.* Compiled by J. BERRIEN LINDSLEY, M.D., Secretary, Nashville, Tenn.

This interesting volume contains a synopsis of the vital statistics of Tennessee from the year 1880 to 1884 inclusive, and the following interesting papers: Report of Committee on School Hygiene, by Daniel F. Wright, M.D., Clarksville, Tenn.; Vital Statistics, by J. D. Plunket, M.D., Nashville; Report of Committee on Prisons in Tennessee, by P. D. Sims, M.D., Chattanooga; Epidemic, and Contagious Diseases in Tennessee, by G. B. Thornton, M.D., Memphis; Bovine Tuberculosis, a Fruitful Source of Human Disease and Death, by J. D. Plunket, M.D., Nashville; The Natural Divisions of Tennessee in their Relations to Disease, by James M. Safford, M.D., Nashville, Tenn.; The Medical Topography of the Valley of East Tennesse, by S. B. Boyd, M.D., Knoxville, Tenn., and a number of instructive essays prepared for general distribution by the energetic secretary, Dr. J. Berrien Lindsley, Nashville.

*Hay Fever and Its Successful Treatment.* By CHARLES E. SAJOUS, M.D., Instructor in Rhinology and Laryngology in the Post-Graduate and Spring Courses, Jefferson Medical College, President of the Philadelphia Laryngological Society, etc. Illustrated with thirteen wood engravings. Philadelphia: F. A. Davis, Att'y, Publisher, 1885.

Hay fever, that peculiarly American disease, depends first upon the presence in the atmosphere of an irritating element, consisting of the pollen or the odorous emanations of various plants, and, second, upon a hyperæsthetic condition of the nervous filaments of the nasal mucous membrane. As the first factor in the production of the disease is only present at a certain time each year, the paroxysms can only occur at that time, but if the second factor he removed it is obvious that their recurrence will be permanently prevented. Dr. Sajous has demonstrated that this result can be obtained by cauterizing the hyperæsthetic portions of the nasal mucous membrane with either the galvano-cautery or a strong acid. The large number of cases treated successfully in this manner by Dr. Sajous during the last four years fully attest its value, and place it among the important advances in medicine.

*The International Encyclopædia of Surgery; A Systematic Treatise on the Theory and Practice of Surgery.* By Authors of Various Nations. Edited by JOHN ASHHURST, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromolithographs and wood-cuts. In six volumes. Volume V. New York: William Wood & Co., 1884.

This magnificent volume is equal to its predecessors in practical value and typographical finish. It contains the following valuable articles: Injuries of the Head, by Charles B. Nancrede, M.D., Philadelphia; Malformations and Diseases of the Head, by Frederick Treves, F.R.C.S., London; Injuries and Diseases of the Eyes and their Appendages, by Dr. E. Williams, Cincinnati, O; Injuries and Diseases of the Ear, by Dr. Albert H. Buck, New York; Diseases and Injuries of the Nose and its Accessory Sinuses, by Dr. George M. Lefferts, New York; Injuries and Diseases of the Face, Cheeks, and Lips, by Dr. Alfred C. Post, New York; Injuries and Diseases of the Mouth, Fauces, Tongue, Palate, and Jaws, by Christopher Heath, F.R.C.S., London; Surgery of the Teeth and Adjacent Parts, by Dr. Norman W. Kingsley, New York; Injuries and Diseases of the Neck, by Dr. George H. B. Macleod, Glasgow; Injuries and Diseases of the Air-Passages, by Dr. J. Solis-Cohen, Philadelphia; Injuries of the Chest, by Edw. H. Bennett, M.D., F.R.C.S.I., Dublin; Diseases of the Breast, by Thos. Annandale, F.R.C.S., Edinburgh; Injuries and Diseases of the Abdomen, by Henry Morris, M.A., M.B., F.R.C.S., London; and Hernia, by John Wood, F.R.S., F.R.C.S., London. They have all been written by practical surgeons who are recognized as authorities upon the subjects to which they were assigned, and whose knowledge has been derived from long experience as well as from extensive reading. Each article forms a complete treatise in itself, and we can cordially commend them all to our readers as being almost indispensable to every working physician and surgeon.

*A Manual of Human Physiology, including Histology and Microscopical Anatomy, with Special Reference to the Requirements of Practical Medicine.* By DR. L. LANDOIS, Professor of Physiology, University of Greifswald. Translated from the fourth German edition, with additions by WILLIAM STIRLING, M.D., Sc.D., Regius Professor of Physiology in the University of Aberdeen, with one hundred and seventy-six illustrations. Vol. I. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885.

The medical profession is to be congratulated upon having obtained a translation of the admirable text-book of Professor Landois upon Human Physiology. The work of translation has been accomplished by Professor Stirling, who has added to this edition a considerable number of facts which make it still more useful to the English student. As this work has had an unusually large sale in Germany, where it has passed through four large editions in as many years, it is more than likely that, with the additions of Professor Stirling, it will be accorded as warm a welcome here, among thoughtful students, as abroad. The success of Landois's work has been largely due to its practical character, for the author has kept in mind constantly, not only the requirements of students, but also the needs of the practical physician.

The first volume treats of the physiology of the blood, the circulation, respiration, digestion, absorption, animal heat, and the metabolic phenomena of the body. Each chapter contains a complete exposition of the most recent and val-

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uable acquisitions of physiological science, the entire subject being presented with the accuracy and completeness characteristic of German science. The sections devoted to the histology of the tissues under consideration, are as full and complete as the subject demands. This part of the work represents the latest results of microscopic investigation, and throws clear light upon many heretofore obscure physiological processes. The modern physiological apparatus which is employed in the investigation of physiological problems, and the manner of using it, is briefly but clearly described, and illustrated by well executed diagrams, while the results of the graphic method of study and its value in rendering our knowledge of physiological processes more exact, are apparent and abundantly confirmed in every chapter. The historical *résumé* and appropriate facts of comparative physiology at the end of each chapter lend additional value to the work.

But it is not for the physiological student alone that Professor Landois's book possesses great value, for it has been addressed to the practitioner of medicine as well, who will find here a direct application of physiological to pathological processes. Under appropriate headings will be found a discussion of the abnormal changes of the red and white corpuscles, the phenomena of carbonic dioxide poisoning, pathological states of the blood, pathological disturbances of cardiac action, heart murmurs, transfusion of blood, physiological action of drugs upon the secretions of the alimentary canal, obesity, etc. These are some of the questions here treated which are of the utmost interest to the physician. The author has evidently aimed to prepare a work not only for students but also for medical men, with which they could refresh their memories of normal processes, and at the same time see the direct bearing of physiology to practical medicine.

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## *NEW PUBLICATIONS RECEIVED.*

First Annual Report of the New York Cancer Hospital.

Voice in Singers, by Carl H. Von Klein, A.M., M.D., Dayton, Ohio.

Enamelogenous Cysts, by Augustus C. Bernays, A.M., M.D., St. Louis, Mo.

Pemphigus Acutus Contagiosus Adultorum, by Dr. Erik Pontoppidan, Copenhagen.

Memoir of Henry W. Newcomet, M.D., by William T. Taylor, M.D., Philadelphia.

Vitiligo, by R. Harvey Reed, M.D., Mansfield, Ohio. Reprint from the Cincinnati Lancet and Clinic.

The Constitutional Treatment of Caries and Necrosis, by Hal C. Wyman, M.D., Detroit, Mich.

Proceedings of the Twelfth Annual Meeting of the Alumni Association of Albany Medical College.

An Address on Cholera Infantum, by William Perry Watson, A.M., M.D. Reprint from The Archives of Pediatrics.

Shall we Hang the Insane who Commit Homicide? by Clark Bell, Esq. Reprint from the Medico-Legal Journal.

Laryngeal Hemorrhage, by J. W. Gleitsmann, M.D., New York. Reprint from the American Journal of the Medical Sciences.

The Bromide of Ethyl as an Anæsthetic in Labor, by E. E. Montgomery, M.D. Reprint from The American Journal of Obstetrics.

The Public Health Service of Michigan, by John Avery, M.D., Greenville, Michigan, President of the State Board of Health.

Address delivered before the Florida Medical Association, Session of 1885, by the President, John P. Wall, M.D., Tampa, Fla.

Kolpohysterectomy, by Augustus C. Bernays, A.M., M.D., St. Louis, Mo. Reprint from St. Louis Medical and Surgical Journal

Annual Address delivered before the State Medical Society of West Virginia, Session of 1885, by George Baird, M.D., Wheeling, W. Va.

Deviation of the Nasal Septum, by J. W. Gleitsmann, M.D., New York. Reprint from the American Journal of the Medical Sciences.

Endometritis Fungosa; Its Pathology, Diagnosis, and Treatment, by James B. Hunter, M.D., New York. Reprint from Medical Record.

Hints on Indigestion; A brief *résumé* of the Latest Physiological Investigations. Published by the New York Pharmacal Association, New York.

The Physiological Action of Cocaine and of its analogue, Brucine, by Thomas J. Mays, M.D., Philadelphia. Reprint from the Therapeutic Gazette.

Puerperal Septicæmia, by J. B. Murfree, M.D., Murfreesboro, Tenn. Reprint from Transactions of Medical Society of the State of Tennessee.

The Influence of Sea-Voyaging upon the Genito-Uterine Functions. Read before the New York County Medical Society, by J. A. Irwin, M.D., New York.

A New Bandage for Fixation of the Humerus and Shoulder Girdle, by Charles W. Dulles, M.D., Philadelphia. Reprint from the Medical News.

The External Therapeutics and the Dietetics of Pulmonary Consumption, by Thomas J. Mays, M.D., Philadelphia. Reprint from the Therapeutic Gazette.

A Case of Extensive Recurrent Sarcomatous Disease, by John S. Miller, M.D. Reprint from Proceedings of the Philadelphia County Medical Society.

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The Prevention of Opium Addiction, with Special Reference to the Value of Galvanism for Relief of Neuralgic Pain, by J. B. Mattison, M.D. Brooklyn, N. Y.

Success in Life Physiologically Considered. An Oration delivered before the Medical Association of Alabama, by James T. Searcy, M.D., Tuscaloosa, Ala.

A Case of Double Narcotic Addiction; Opium and Alcoholic Imbecility; Recovery. By J. B. Mattison, M.D., Brooklyn, N. Y. Reprint from Canada Lancet.

Surgical Notes from the Case-Book of a General Practitioner, by William C. Wile, M.D., Sandy Hook, Ct. Reprint from the New England Medical Monthly.

Proceedings and Addresses of the Sanitary Conventions, held under the auspices of the Michigan State Board of Health in Hillsdale, East Saginaw, and Lansing.

The Therapeutics of High Temperature in Young Children, by William Perry Watson, A.M., M.D., Jersey City, N. J. Reprint from The Archives of Pediatrics.

The Nature and Treatment of Sporadic and Epidemic Cholera, by Alexander Harkin, M.D., F.R.C.S., Belfast. Reprint from The Dublin Journal of Medical Science.

Observations on Strabismus, by M. F. Coomes, M.D., Professor of Physiology, and Diseases of the Eye, Ear, and Throat, Kentucky School of Medicine, Louisville, Ky.

An Anomalous Human Lung, having four Lobes on the Right Side, by W. A. Edwards, M.D., Philadelphia. Reprint from American Journal of the Medical Sciences.

A New Method in the Treatment of the Alcohol Habit, by William F. Waugh, A.M., M.D., Philadelphia. Extract from Transactions of Pennsylvania State Medical Society.

The Overcrowding of the Profession. An address delivered before the Alumni Association of the Chicago Medical College, by the President, Dr. E. J. Doering, Chicago, Ill.

Tabular Statistics of One Hundred Cases of Urethral Stricture treated by Electrolysis without Relapse, by Robert Newman, M.D. Reprint from New England Medical Monthly.

Address, by Ezra P. Allen, M.D., President of the Medical Society of the State of Pennsylvania. Delivered at Scranton, Pa., May 28, 1885, at the Thirty-sixth Annual Session of the Society.

Insanity; Some of its Preventable Causes. A lecture delivered in the regular course of the Utica Mechanics' Association, by John P. Gray, M.D., LL.D., Superintendent State Lunatic Asylum, Utica, N. Y.

Complete Laceration of the Perineum and Part of the Recto-Vaginal Septum, resulting from Forceps Delivery; Primary Operation complicated with Traumatic Erysipelas, by A. B. Cook, A.M., M.D., Louisville, Ky. Reprint from Gaillard's Medical Journal.

Duty of the State to the Medical Profession. An address delivered before the Medical Alumni Association of the University of Michigan, by Conrad George, M.D., Ann Arbor, Mich. Reprint from The Physician and Surgeon.

Notes of a Case of Infectious so-called Ulcerative Endocarditis, and of a Case of Acute Pericarditis, by John H. Musser, M.D., and George A. Piersol, M.D. Extracted from the Proceedings of the College of Physicians of Philadelphia.

The Great Advances in Surgery and how they have been made. Being the Annual Address before the Academy of Surgery of Philadelphia, delivered January 5, 1885, by John H. Packard, M.D. Reprint from The Medical Times.

Cholera; Its Nature, Symptoms, History, Cause, and Prevention, with an Outline Review of the Germ Theory of Disease. One of the Sommerville Course of Lectures delivered under the auspices of the Natural History Society of Montreal, by J. B. McConnell, M.D., Montreal.

Three Cases of Xeroderma Pigmentosum, Kaposi, or Abrophoderma Pigmentosum, by H. Radcliffe Crocker, M.D., M.R.C.P., Physician to the Skin Department of University College Hospital, London, etc. Reprint from transactions of the Royal Medical and Chirurgical Society.

The Dignity and Importance of the Individual. An Address delivered to the Eighty-Third Graduating Class of the Central High-School, of Philadelphia, by Albert L. Gihon, A.M., M.D., Medical Director U. S. Navy, etc. Printed by order of the Board of Public Education.

An Examination of the Supposed Action exerted by the Antagonism between Acids and Alkalies in Modifying the Tonicity of the Heart and Arteries, by Sidney Ringer, M.D., F.R.C.P., Professor of Medicine in University College, London, and Dudley Buxton, M.D., F.R.C.P., Assistant to the Professor of Medicine in University College, London. Reprint from the Lancet.

Experiments upon the Heart of a Dog, with Reference to the Maximum Volume of Blood sent out by the Left Ventricle in a Single Beat, and the Influence of Variations in Venous Pressure, Arterial Pressure, and the Pulse-rate upon the work done by the Heart, by William H. Howell, B.A., Fellow of the John Hopkins University, Baltimore, and F. Donaldson, Jr., B.A. Reprint from Philosophical Transactions of the Royal Society.

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## *OUR ADVERTISERS.*

I HAVE prescribed Celerina for impotency, and it has done *all* and more than all other remedies. I confidently recommend it to the profession. W. M. REED, M.D.

AGOSTA, OHIO.

DR. GEORGE P. YOST, Glen Rock, Pa., says, "I must say that Hofman's Pelvic Pessaries give me universal satisfaction, more so than any others I have used. I have used them in nearly all the different flexions and versions of the uterus with good effect in every case. Such also is the opinion of other physicians who have used them. One case is so striking that I must give it to you. A lady from a distance, who had been treated by a noted specialist for *ante-version*, and who had worn Thomas's ante-version pessary for several months, until it produced so much ovarian irritation that she was confined to the house and in the recumbent position, with convulsions two and three times a week. When she came under my care, was not only relieved of her convulsions, but was enabled to be out on the street in a week after wearing one of your pessaries.".

ANGLO-SWISS MILK FOOD.—We beg leave to call the attention of physicians to the advertisement of the Anglo-Swiss Milk Food for Infants. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other *farinaceous* food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used, and which in its individual character is highly detrimental to digestion, is converted in a satisfactory degree into soluble and easily-digestible dextrine and sugar. The company do not claim that the starch in this food is wholly converted, but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the food by heating it with water. The analysis of the Anglo-Swiss Milk Food contains five to six per cent. of moisture, fourteen to fifteen of nitrogenous matter, fifty-four to fifty-five of carbo-hydrates soluble in water, fifteen to sixteen of carbo-hydrates insoluble in water, five to six of fat, and two to two-and-one fifth of ash.

A MEDICINE CHEST FOR STUDENTS.—Students of the various branches of the natural sciences soon find, as they progress in their particular study, that book knowledge alone is insufficient, and is only to be considered as a guide to the practical knowledge which is to be acquired by actual experiments.

To the student of pharmacy, especially, actual handling and examining of the various substances included in the Pharmacopœia are an absolute necessity. It is important therefore that the student, especially if he pursues his studies at home, should provide himself at the outset with a large collection of drugs, so as to be able to experiment and to acquire the skill in identifying and compounding various substances, which will be required of him later on in actual practice. Unfortunately, a stock of drugs is costly, bulky, and dangerous to leave where ignorant persons can have access to it. Besides, many substances which are absolutely necessary to the student cannot be obtained from ordinary drug stores. It is, moreover, important that all the drugs used should be perfectly pure and of good quality.

In order to supply this necessity, Messrs. Parke, Davis & Co., the well-known Detroit pharmacists, have announced their intention of furnishing students a handsome black walnut case, containing no less than 288 specimens of crude drugs of vegetable origin, at the incredibly low price of ten dollars, provided that they receive at least fifty orders for the same, such a number being necessary to enable them to supply this valuable collection without actual loss to themselves. We feel confident, however, that as soon as this offer becomes known orders from all parts of the country will begin to pour in on these public-spirited manufacturers. Besides an upper tray, the case contains two drawers, and the specimens are put up in neatly turned wooden boxes, marked only with a number, which corresponds to a list furnished with the case, so that the students may acquire practice in identifying the various drugs at sight, without depending on a label. The collection is an excellent one, and cannot fail to be most useful not only to students, but to physicians and others. Its price is so low that every student of pharmacy or medicine in the land ought to be provided with one. It would undoubtedly be acceptable to many young men as a holiday present.—*Exchange.*

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THE

# MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

VOL. VII. PHILADELPHIA, DECEMBER, 1885. NO. 12.

## A CLINICAL LECTURE.

### *STRAIN OF THE BACK; SYPHILITIC INFLAMMATION AFFECTING THE SACRUM.*

PARALYSIS OF THE FACIAL AND AUDITORY NERVE, DUE TO SYPHILITIC EXUDATION AT THE BASE OF THE BRAIN.

BY H. C. WOOD, M.D.,

Professor of Materia Medica and Therapeutics, and Professor of Diseases of the Mind and Nervous System in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first patient whom I propose to show you to-day represents a class of cases, the pathology of which is obscure, but concerning which I, myself, have arrived at some definite belief. The history of this man is that when thirteen years of age he fell down a hatchway in a barn, striking on the buttocks. After this he suffered with severe pain in the back and sacrum, which continued for a number of years. He was then cupped over the buttocks, and open sores maintained for some time by the use of issues and irritating ointments. This gave relief for thirteen years. Six years ago the pains returned, and he suffered severely with them ever since. They have lately been associated with a breaking down of the general vital power, and the man is almost bedridden.

The point in a case of this kind is to determine the nature of the sacral pain. It is probable that during the first period of his sickness this man had a local disease resulting from the injury. It is, however, possible that the affection from which he now suffers is of a different nature.

We often see cases of trouble in the back from injury. I have had under observation for some time a young gentleman, who, while riding a wild horse, was thrown, the horse rearing and falling over with the rider under him. It so happened that the man fell with the small of his back across the curb-stone. This resulted in a disability which has continued for years, and which, in the general failure of health from other causes, has become excessive. He was most carefully examined at the time of the injury, but there was not the slightest sign of displacement. There certainly was no fracture, and not much local tenderness. The objective symptoms were so slight that the physician in charge of the case thought that the complaints of pain were exaggerated. The question in such a case is, What is the cause of the long-continued disability? I believe that the lesion consists in a chronic inflammation of the fibrous structures of the back. In some of these cases there is tenderness on pressure, in others, pain cannot be elicited by pressure, no response being obtained even by firm, hard pressure, yet whenever the patient attempts to use his back he suffers from pain and from feebleness. As I have said, I believe that there is in these cases a chronic inflammation of the fibrous tissues about the vertebræ, involving the ligaments and possibly sometimes the periosteum, and often, also, the tendons attached to the muscles in this region. When the structures affected are located superficially and posteriorly,

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there would be tenderness, but if the tissues involved were anterior and could not be readily reached, there would be no tenderness on pressure.

The treatment for this condition is prolonged counter-irritation. The actual cautery should be employed, and the counter-irritation continued for months. It seems to me that this is the only thing that does any good.

There is another point about these back strains, and that is, these cases must be carefully distinguished from rheumatism. Sometimes, indeed, they are regarded as wholly imaginary. On the other hand, a person with lumbago is sometimes thought to be suffering with this condition of back strain. Some months ago a stalwart man came into my office and told me that for two years he had been disabled by a strain of the back. I found some tenderness on pressure, excessive pain on motion, and all the ordinary symptoms of back strain. The only suspicious thing about the case was that the symptoms seemed too severe for back strain. Questioning him, he told me that the strain was produced by lifting. Further inquiry developed the fact that at the time the trouble came on he was lifting an article weighing not more than twenty pounds, while he was in the habit of lifting barrels of flour without inconvenience. I concluded from this that the condition was rheumatic, and under anti-rheumatic remedies he rapidly recovered.

In regard to the patient before us, the condition is probably not one of back strain. He has been examined by several surgeons, who diagnosed crural neuralgia. These terms neuralgia, neurasthenia, and general debility, are often only refuges for our ignorance. Before you pronounce a case to be one of neuralgia, be sure that you have so carefully examined the patient that you cannot have overlooked anything, for, after all, neuralgia is only a symptom. A pain, as in this case, referred to the sacrum and continuing for years, must necessarily be due to some local disease, taking for granted, of course, that there are no evidences of locomotor ataxia; and here I am reminded to say that in these cases of sacral and back pains, this affection must be carefully excluded. Some three years ago, a lady was brought to me suffering with a horrible pain in the rectum, fixed in its location, but developing paroxysmally. This had been supposed to be due to some uterine trouble. The perineum was sewed up, but this did no good. The cervix was operated on without improvement. Then she got into the hands of a rectal expert, and the sphincter was stretched without relieving the horrible pain. I examined the woman three or four times, but could find no trouble referable to the rectum. There was no ulcer, and the mucous membrane was perfect. There was little or no tenderness on pressure, and little or no pain on defecation, simply these horrible paroxysms occurring frequently. I examined the patella reflex and found it gone. I have no doubt that that woman was suffering from spinal degeneration, was, in other words, suffering from locomotor ataxia with rectal crises.

Bearing in mind that our present case has been diagnosed neuralgia, I will first determine as to the presence or absence of tenderness. There is distinct tenderness all over the sacral bone, but there is no tenderness on pressure over any of the nerve-trunks emerging at this point. If there was neuritis, there should be some evidence of tenderness. I next examine the rectum. It seems to be perfectly normal, but the tenderness which I noted as existing externally, is also found on pressing the sacrum through the rectum. The bone is tender all over, both anteriorly and posteriorly.

The tenderness of the bone, the history of general failure of power, the absence of tenderness over the nerve trunks, the absence of a history of gout, plumbism, malaria, or other toxæmia to account for neuralgia, would point to the conclusion that there was disease of the sacrum itself or its fibrous envelopments. This is confirmed by a letter received from the physician who previously had charge of the case, who it seems removed the coccyx which exhibited evidences of disease. The operator found all the fibrous structures much thickened. I have no doubt, therefore, that we have to deal with a local affection of the whole sacral bone, or at least of the fibrous structures covering it.

At first all syphilitic history was denied, but on proper questioning we elicited a history of promiscuous sexual intercourse, and sufficient evidence to suggest the trial of anti-syphilitic treatment. He is now taking 180 grains of iodide of potassium per day. This produces no iodism, and the tenderness is diminishing. It is probable that the affection will be relieved by this treatment.

*Facial Palsy and Deafness due to a Gumma.*

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—As this man enters the room, it is at once seen that there is partial facial palsy of the left side. The mouth is drawn to the right, and he cannot completely close the left eye. I do not propose to occupy the time to-day with a discussion of the ordinary form of facial paralysis known as Bell's palsy. This is an affection in which the trunk of the nerve is paralyzed by pressure usually exerted on it as it passes through the mastoid process of the temporal bone. In a large majority of cases the disorder is rheumatic in its origin. It frequently results from exposure to dampness and to draughts. In this case there is undoubtedly affection of the trunk of the nerve.

The man also tells me that he has giddiness, but giddiness is not a part of a pure peripheral palsy. It is a symptom of a more central trouble. In this case the palsy was at first complete, but complete facial palsy is not of central origin, for the fibres of the facial nerve spread out in the brain, so that when one set is affected, the other escapes. Where the facial palsy is complete, it is almost of necessity peripheral, due to pressure or other lesion implicating the nerve trunk. In speaking to this man, I noticed that when I spoke in a low voice he did not hear what was said, and on investigation I found that his left ear was deaf. This, he says, has come on since the appearance of the palsy, and is not an old deafness. This is an important point. I have seen physicians led astray by finding a symptom, especially deafness, and at once conclude that it was connected with the trouble then existing, whereas it may have been an old trouble. When I press the watch against the side of the head, he says that he does not hear it. This indicates that the deafness is of nerve origin, and not due to disease of the ear itself. Looking at the eyes, I find that the pupils are unequal. The pupil of the left eye is distinctly smaller than that of the right eye. There is also marked conjunctivitis on the left side. This would suggest the possibility of paralysis of the trigeminal nerve. Conjunctivitis, and even deeper inflammations are often a pronounced symptom of trigeminal palsy, but careful testing shows that this is not present in this case. The conjunctival inflammation is probably due to the fact that the man has been unable to completely close the eye.

We have then these symptoms, auditory palsy, paralysis of the facial nerve, giddiness and dilatation of the pupil. The only conceivable cause for this group of symptoms would be pressure at the base of the brain. I have no doubt that in this case there is a mass of exudation situated at the base of the brain and pressing on the affected nerves. Where there is this widespread palsy, with no disturbance of the brain and no evidence of tubercular meningitis, the probabilities are always in favor of the syphilitic nature of the condition. This is my diagnosis in this case, and the treatment will be based on that supposition.

# ORIGINAL COMMUNICATIONS.

## *SOME PRACTICAL OBSERVATIONS ON DISINFECTANTS.*

BY W. M. WELCH, M.D.,
Physician to the Municipal Hospital, for Contagious and Infectious Diseases, of Philadelphia

THE old and familiar axiom, "an ounce of prevention is worth a pound of cure," never has greater significance than when one is brought face to face with the dangers of some virulent, infectious disease, like cholera. Perhaps at no previous period in the history of medical science has there been greater and more careful attention given to the subject of preventive medicine than at the present, and as the result of all this zealous investigation, I think it must be admitted that our knowledge as to the best means of preventing infectious diseases has been increased; that is to say, when such diseases do originate we are better able to reduce to a minimum the possibility of their further spread.

The means made use of for the prevention of this class of diseases are usually based upon some theory, plausible or otherwise, of their origin and mode of propagation. The germ theory is the one now most widely accepted, and seems to be the most tenable. This theory assumes that all contagious and infectious diseases depend for their existence on the presence of certain micro-organisms, variously named *bacteria*, micrococci, bacilli, etc., and that their life, propagation, and growth are favored by suitable soil and surroundings. These germs may exist in the air we breathe, in the water we drink, and in the milk or solid food we eat, and it is by these avenues—the lungs and stomach—that they are believed to enter the system. Any agent capable of destroying the

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vitality or power of propagation of these minute and invisible organisms outside of the body is properly called a disinfectant. This term, irrespective of theory, has been very appropriately defined as "an agent capable of destroying the infective power of infectious material."

A clear and definite understanding of what really constitutes a disinfectant has only quite recently been arrived at. Not a little confusion has heretofore existed on this subject, even in the minds of the best sanitarians. Many, in times past, were constantly in the habit of using the terms disinfectant, deodorant, and antiseptic synonymously. We now know that their meaning is widely different, and furthermore that the recognition of this difference is necessary to anything like an intelligent and effective employment of these agents; each having its particular sphere of usefulness. The term disinfectant, as we have seen, now signifies a germicide. Agents which destroy bad odors simply, are deodorants or deodorizers; and those which prevent or arrest putrefaction or decomposition, without killing disease germs, properly belong to the class known as antiseptics. While the two latter classes of agents serve a very useful purpose, they are inferior to the former, because of their inability to destroy disease germs. Dr. Sternberg very truly says that "a disinfectant may be both a deodorant and antiseptic, but it is not for this reason a disinfectant, but because of its ability to neutralize the infecting power of infectious material."

While antiseptics may not kill disease germs, they are nevertheless capable of preventing their propagation by sterilizing the soil which they commonly select as their habitat. It is well known that decomposing organic matter affords the most favorable soil for the propagation of all the lower forms of vegetable and animal life, and while we cannot always prevent the accumulation of such refuse matter, we can by the free use of antiseptics put it in such a condition as that spores will not readily germinate in it. But disinfectants will do the same thing when applied to such matter, and, besides, will kill disease germs, if any be present. For this reason, during the prevalence of such diseases as typhoid fever and cholera, and perhaps some others, it is better to use for disinfecting privy-vaults, cesspools, etc., those antiseptics which are also disinfectants.

Recent researches have demonstrated that sulphate of iron, which has long been employed under the impression that it is a valuable disinfectant, does not destroy disease germs, or change the infecting power of material containing them. But it is, nevertheless, a useful antiseptic; and its cheapness makes it a very available agent for the purpose of preventing or arresting putrefaction, and thus neutralizing bad odors arising from sewage and all forms of refuse animal matter. The majority of the proprietary "disinfectants," so-called, are entirely untrustworthy as germicides, but many of them, doubtless, possess the qualities of deodorizers and antiseptics to a greater or less degree. While antiseptics are capable of preventing decomposition, and destroying noxious gases they should not be considered or employed as substitutes for cleanliness and fresh air. But they are of great service where it is impracticable to remove filth from the vicinity of dwellings, since, as has been pointed out, decomposing organic material forms the most favorable nidus for the propagation and development of disease germs.

When any organic material with which we have to deal is known to be infected, it is then clearly our duty to employ disinfectants; not antiseptics, simply and purely. The infectious character of the dejecta from persons suffering from cholera and typhoid fever is well established, and it is therefore of first importance that all such material should be thoroughly disinfected before it is committed to the privy-vault or sewer. For this purpose chloride of lime is one of the most desirable agents, on account of the rapidity of its action and its low cost. The Committee on Disinfectants of the American Public Health Association recommends for disinfecting the excreta of such patients that each discharge be thoroughly mixed with a solution of chloride of lime in the proportion of four ounces to the gallon of water, and that this mixture be allowed to stand for at least ten minutes before it is thrown away. It has been estimated by some sanitarians that one pound of good chloride of lime will, on the average, disinfect, for the time, about a thousand gallons of fluid sewage. But, according to the now accepted definition of a disinfectant, this estimate is, I think, considerably exaggerated.

A solution of corrosive sublimate and permanganate of potash, in the proportion of two

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drachms of each salt to a gallon of soft water, and used in the same way as the former, is also a very efficient disinfectant. In using the mercuric bichloride it must be remembered that it has the property of coagulating albumen, so that when it is applied to the semi-solid discharges from typhoid fever and cholera patients it may cause to be formed around the masses a coating of insoluble albuminate, and thus protect the interior of these masses against the action of the disinfectant. To guard against this it is necessary to break up the masses and allow the mixture to stand for an hour before it is cast away. It is well also to keep in mind that this salt will injure lead pipes if passed through them in large quantities.

Either of the following formulas may be used in the same manner as the above: One part of Labarraque's solution to five parts of soft water; one pound of strong carbolic acid to a gallon of warm water; a saturated solution of chloride of zinc. The latter has the property also of coagulating albumen, and should be used with the same precautions as the mercuric-bichloride solution. I wish to emphasize the point that the evacuations of typhoid fever and cholera patients should be received at their very issue from the body into a vessel containing about a pint of either of the above solutions, and that this be allowed to stand for some time for thorough disinfection.

It may be desirable at times to use a disinfectant or antiseptic in the form of powder. To make such a preparation one or more suitable disinfecting agents may be combined with dry earth or plaster of Paris. For example: chloride of lime, one pound; strong carbolic acid, half pound; plaster of Paris or dry pulverized earth, nine pounds. Mix the carbolic acid thoroughly with the plaster of Paris or dry earth, then add the chloride of lime and mix well. Such a powder might be very useful to cover over excreta or decomposing organic material requiring disinfection; but I am inclined to believe that a disinfectant in the form of solution is much more effective.

The body of a sick person or of the attendant, particularly when soiled with infectious discharges, should be cleansed with some suitable disinfecting solution, such as Labarraque's solution, diluted with twenty parts of water. I have frequently derived very great satisfaction from this solution by its frequent use in the form of spray to the bodies of persons suffering from smallpox. Although a seven per cent. solution is said to be necessary to destroy the vitality of germs, still this weaker solution will lessen, to a very appreciable extent, the offensive odor arising from such patients. The bodies of persons who have died from infectious diseases should be washed with a much stronger solution—say one part of Labarraque's fluid to five of water. Or a suitable solution of some other disinfectant may be used, if preferred. And at burial, the body should be wrapped in a sheet saturated with the same solution.

For the disinfecting of clothing and bedding there is no better way than to put such articles as can be washed through the ordinary processes of the laundry, since boiling for half an hour will destroy all disease germs. But when such articles are very much defiled by infectious material it is well to subject them to the action of a disinfectant before washing. A solution composed of one part of chloride of lime to one hundred parts of water is very efficient. The strength of this solution is said to be sufficient to destroy not only germs, but spores, almost instantly, and without injury to the clothing or bedding.

The Committee of the American Public Health Association recommends for the same purpose a solution of corrosive sublimate, in the proportion of four ounces to the gallon of water, to which is added one drachm of permanganate of potash, merely to give color to the solution. Of this standard solution, one fluid ounce is to be added to each gallon of water, and in this weaker solution the infected articles are to be soaked for at least two hours before being laundried. For evident reasons a wooden tub is the proper receptacle for such a solution.

All solutions of the mercuric bichloride are open to the serious objection that they are dangerous. For general use, therefore, it is preferable to recommend that infected clothing, etc., be soaked in either the first solutions given, or in a five per cent. solution of carbolic acid. Infected articles subjected for an hour or two to the action of either of these fluids, and then thoroughly boiled and washed, may be regarded as perfectly safe.

Dry heat may be used to disinfect clothing, bedding, etc., which cannot be washed. But this cannot be very conveniently made use of without first constructing a suitable disinfecting

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chamber. Such a chamber has been for the past several years in succesful operation at the Municipal Hospital of this city. It has capacity enough to receive one or more feather beds or hair mattresses in their entirety, and a great variety of bedding and clothing besides. The degree of heat necessary to accomplish the desired purpose is from 220° to 230° Fahr. If this degree of heat is exceeded cotton fabric is liable to be scorched. Woolen goods will bear still greater heat without injury. Moist heat, in the form of steam, has been demonstrated to be much more effective. While a temperature of dry heat maintained at 230° Fahr., for a period of three or four hours will destroy all known disease germs, it will not, according to Sternberg, destroy the spores of the bacilli of anthrax. But it has been proven that ten minutes' exposure to steam at a temperature of 230° Fahr., will destroy not only germs, but also the most refractory spores.

To Dr. W. Henry, of Manchester, England, belongs the credit of first conceiving the idea and demonstrating the fact that heat destroys the morbific matter of certain communicable diseases. In 1832 he published the result of his experiments, showing that vaccine matter becomes totally inert after an exposure for some hours to a temperature of 140° Fahr., and that clothing infected with scarlatina and typhus contagion was worn with no bad results after being subjected for some hours to a temperature of 200° to 206° Fahr. It is recorded that Pasteur never saw adult organisms in a moist state resist a temperature from 128° to 140° Fahr., nor germs (spores I take it) a temperature of 230° Fahr. These facts prove that a temperature from 220° to 230° Fahr., continued from two to four hours, is necessary, in order to make disinfection by dry heat certain.

Disinfectants, as the term is here used, are of but little service in the sick-room, for the reason that it is impracticable to destroy germs in an apartment without rendering the atmosphere irrespirable. It is, therefore, utterly impossible to disinfect an occupied apartment. Deodorants, however, are often useful to correct bad odors, and make the atmosphere more agreeable to the sick and the attendants. But the fact must not be lost sight of that cleanliness and free ventilation are of far greater importance in the sick-room, for they tend to prevent that which the former aims to neutralize. It has been well said that it is better to turn contaminated air out of the window, or up the chimney, than to attempt to purify it by the use of volatile chemical agents, such as carbolic acid, chlorine, etc., which are all more or less disagreeable to the sick.

A room having been occupied by a case of contagious or infectious disease should be disinfected before other persons susceptible to that disease are permitted to occupy it. Something may be done towards accomplishing this end by chlorine and sulphur fumes, provided there is no article in the room that these gases will injure. To secure any results of value by these agents, it is necessary that the doors, windows, and all apertures through which gas will escape be tightly closed, and that an abundance of these fumes be generated. It is estimated that not less than three pounds of sulphur should be burned for each one thousand cubic feet of air-space in the room. A little care is necessary to secure complete combustion of the sulphur. It should be in powder or small fragments, and placed in an iron pan, which should rest upon two bricks in a tub containing a little water, to guard against fire. To aid the burning of the sulphur a little alcohol should be poured over it before it is ignited. It is of importance to know that the germicide power of sulphurous acid and chlorine gas is increased by the presence of moisture. Chlorine gas may be generated by any of the well-known means, and should be in great abundance. While an apartment is being subjected to this treatment it should remain closed for twenty-four hours.

Whether the room has been fumigated or not, it is advisable to change the paper on the wall, or whitewash it, if such has been the practice, and apply thoroughly, with a brush, to all the wood-finish and the floor, a solution of corrosive sublimate, 1 to 1000. After further cleansing with soap and water, and being exposed for a few days to the free admission of air, the room may be considered safe for occupancy.

There is no doubt but that the atmosphere, in a certain sense, is a disinfectant. Infected apartments, or articles, such as clothing, bedding, etc., when freely exposed to pure air, will, in a variable length of time, part with the infectious principle. This is probably due to the oxidizing power of the atmosphere. Experience not only proves what I have stated, but also shows that the germs of such infectious

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diseases as scarlet fever and smallpox are not transmitted in an active state to any great distance through the atmosphere. We may therefore conclude that in opposing the spread of infectious diseases, fresh air and free ventilation are scarcely second in importance to the best disinfectant known.

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## *PATENT URACHUS IN A CHILD FIVE MONTHS OLD; OPERATION; RECOVERY.*

REPORTED BY CHARLES B. WALLER, M.R.C.S., ENGLAND.
House Surgeon, Rotherham Hospital, Yorkshire.

FRED D., aged 5 months, was brought to the Rotherham Hospital on November 4, 1884. The child was an orphan, and was brought by his aunt, who stated that he had a tumor growing from his navel, which had been getting gradually larger since his birth. She complained that she had great difficulty in keeping the child clean, as what appeared to be water was constantly running from this tumor, and causing much irritation of the skin and inconvenience to the child.

On examination, he was found to be a well-formed, well-nourished child, but at the umbilicus there was a tumor of about an inch in diameter, which appeared to consist of flabby granulation tissue. It was red and inflamed, and very sensitive. From a slight depression at its summit, drops of urine were constantly oozing. The drops came faster when the child micturated. The skin around the tumor was excoriated. In other respects the child was normal. He was being brought up by hand, and took his milk well.

The aunt stated that after birth the cord did not separate very readily, and that when it did, it left a tumor about the size of a bean, from which water had always passed. It had not at first attracted much attention, but lately it had begun to increase in size and to be very painful. A doctor had seen the child, and had applied some mild caustic from time to time. This had stopped the growth of the tumor, but the urine still continued to run constantly. They were therefore anxious that an operation should be done.

On November 5th the child was removed to the operating theatre, and chloroform was administered. A No. 8 silver catheter was passed with great ease along the urachus into the bladder, where the end could be readily felt through the abdominal walls. An incision was made in the skin around the tumor. The urachus was now dissected out for about an inch. It consisted of a stout fibrous cord, about as thick as the little finger. In doing this the abdominal cavity was communicated with. The catheter was now withdrawn and the urachus firmly ligatured with stout silk, the ends were cut off short and it was allowed to fall into the abdominal cavity. The granulation tissue was now scraped away, and the edges of the skin pared and brought into apposition by means of quilled sutures; superficial silver wire sutures were also added. There was no hemorrhage to speak of. The wound was dressed with a pad of absorbent wool, kept in position by means of strapping, and a broad flannel bandage was applied around the abdomen.

After the operation, the child was very restless, and cried a good deal all day. At 8 P.M. it was seized with convulsions; these kept recurring, and at 10 P.M. it was ordered potass. bromidi, gr. iiss, in water, ℥j. At 1 A.M. the convulsions had ceased, but it seemed to be in great pain and very restless. It was ordered to take liq. morph. hydrochlor., ♏ij, in water, ℥j, every hour.

Next morning the child seemed better. It had vomited once during the night, but had taken a little milk since, which it had retained.

*7th.*—Child much better. Still takes morphia in small quantities. Takes a fair quantity of milk. Bowels acted naturally.

*9th.*—This morning the wound was dressed. The deep sutures were removed; very little discharge, which smells sweet. The child seems much better, and takes milk well. Morphia discontinued.

*12th.*—Wound again dressed, and silver wire sutures removed.

*18th.*—Wound was now quite healed, and all inflammation seems to have subsided. There has been no urine passed at all from the navel since the operation.

*21st.*—The child was this day discharged as cured. It has much improved since the operation. It passes its urine normally.

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## AUTOPLASTIC SURGERY.

BY WILLIAM M. FINDLEY, M.D., OF ALTOONA, PA.

THE remedying of the defects sometimes left by failure of the bioplastic operations of intra-uterine life, is, while not a matter always of life, yet a grave concern, especially to the victim of nature's failure to secure perfection in the symmetry of the human form.

It must not be forgotten that operations of this kind are more frequently performed for æsthetic purposes, and yet that in many cases it is truly in order to save life that such operations have to be done. What more pleasing to the surgeon than to remove a staphylomatous eye, which is repulsive to look at, and replace it with the very perfect imitations now in the market, of the normal remaining eye. How it makes one glow to relieve the hideous deformity produced by the contracting cicatrices after severe burns of the eyelids, nose, and mouth, as they occur from time to time.

With what satisfaction one relieves the contractures, flexions, and distortions of club-foot, wry neck, strabismus, etc.

And what greater gratification when, as in this case, the operation is undertaken to save life, as, in many cases of hare-lip, suckling is impossible until the fissure or cleft is closed up.

The more immediate subject of this short paper is, however, to report for the consideration of the Academy what to the mind of the writer is a new and valuable modification in the operation of hare-lip, whereby a real point of union is maintained at the mucous or red border of a lip on which operation has been made, as well as the prevention of the loss of the very least portion of tissue, all of which is utilized in the make-up of the new lip.

The illustrative case is one on which the operation was done two weeks ago, the infant being on that date only ten days old. The fissure was almost complete into the left nostril, there being but just the narrowest line of the red or mucous tissue showing at the highest point of the fissure in the nostril. This tissue was carefully maintained intact, and after the left side of the lip had been detached from the corresponding superior maxilla, about one-half inch or more up along the side of the nose and backwards as well, it was cut loose with a sharp bistoury all along the margins of the fissure, in size sufficient to have its vitality maintained by the circulation through edges at the border of the normal lip after the freshened surfaces were brought together. The steps of the operation were, as in all ordinary cases, to bring the halves of the lip together, except that the frænum was not cut, and very fine sutures were used on the internal mucous surface of the lip, as well as between the pins which were used. This, of course, is not claimed to be more than all others are in the habit of using, but the treatment of the portion of tissue which had been pared off is that which is of most interest. The piece or strip being dragged down was carefully brought into juxtaposition on the cut surfaces and securely sutured with very fine sutures. The result attained here is, that union at the oral margin is complete immediately as no interference has taken place with the circulation in the strip, as there is in the pieces when the sides are pared down separately and then brought together; and this almost absolutely sure union is of the greatest advantage in the holding together of the remainder of the surfaces in apposition, so that in this case the pins were removed, one in forty and the other in sixty-five hours, with absolute and perfect union. The projecting portion of mucous surface, which was quite large, immediately after the completion of the operation, has shrunken so much now that being on the left of the normal central pout or point of the upper lip, hardly shows any fulness. But still another, and to my mind a more striking point, is the thickening it gives to the lip. Ordinarily, it has been the experience of the writer until the adoption of this method, that the line of union is so marked that the finger without sight can detect the thinness by being moved over it. In this case the shrinking back of this saved tissue fills up the mucous surface of the lip and appears to allow the apposed surfaces above it to thicken out and improve the cicatrix in the direction which is usually most wanting.

As our efforts should be always directed in the line of improving results, this note is made that whatever there may be in it will be available to others. If it has already been noted, it has not fallen to my lot to see such statement, and the fact of again calling attention to it will not be any injury, if no positive benefit results.

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## HEALTH RESORTS IN NEW JERSEY.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

[Continued from October number.]

THE country between Camden and Haddonfield, the ocean and Absecon, is comparatively level, hence the elevation attained at Atco and Pomona on either end of the road, presents much better facilities for drainage than is found along the Delaware or Atlantic shores, and the soil is drier in consequence. Intermittent fever is apt to trouble those susceptible to it for some distance away from the river, I therefore insist on my cases getting away from the lowlands along the western edge of the State. I have noticed the fact that phthisical patients break down rapidly should intermittent or remittent fever complicate their case, and, because of this, stress is laid upon this point. I may say, in passing, that I much prefer to combat any symptoms of chill and fever associated with phthisis by arsenic than by cinchona alkaloids, and I add to the metal an acid, should the digestion be impaired or the liver torpid. A good combination is—

℞. Liq. arsenici hydrochlor. gtt. lxxij.
Acid nitromuriat. dil. . gtt. cxx.
Spts. chloroformi . . gtt. ccxl.
Syr. aurant. cort. q. s. ad. f℥iij.

M. Sig.—A teaspoonful in a wineglass of water three or four times daily.

This mixture is an admirable one for improving the nutrition in addition to breaking up the tendency to chill. If there is looseness of the bowels, then a few drops of deodorized tincture of opium may be added to each dose *at the time of taking*—not mixed with the prescription. Not unfrequently severe night-sweats will be modified or even removed under the remedy here given.

To return from this digression: Waterford is one of the most available points along the line of road. The village itself is clean, settled with an intelligent people, whose houses are well-built, and no difficulty is experienced in receiving accommodation either in the built-up portion, or at a convenient distance from the station. Those of my patients who have spent any time at this locality have been well pleased with their stay. Churches of several denominations are there, and schools present advantages to those invalids having children needing attention in that line. No special character of climate is found here, but the size of the place and its accessibility to Philadelphia are worth noting.

The neighborhoods of Elwood, Dacosta, Pomona, Winslow, Atco, and Berlin offer good resorts, and are quiet, from their comparatively small size. I have not stopped any time at these points, but some cases in which I wanted more or less frequent change of residence, have alternated between these places, and Pomona offers the advantage of closeness to the shore if occasional trips are allowable to purely salt breezes.

Probably the preferable points for consumptives and dyspeptics are Hammonton and Egg Harbor. The former place is growing rapidly into a town, and its environs are being laid out in lots at reasonable prices. I have had patients lately who purchased sites there, intending to build simply for summer occupation. Hammonton is favored with a good, dry soil, pure water, and equable temperature. Here we are in the centre of the graperies, and the thrifty Germans owning much of the land thereabout are proverbial for their good-nature and good living alike. One who bases his opinion of good land and good crops on the evidently rich alluvial soil of valleys bordering on river courses, and who imagines that the apparently poor, sandy crust of this vineyard location is sterile, will be pleasantly disappointed in seeing the fine crops raised thereon. The show at the annual fair, as we have before remarked, is notably ahead of many more pretentious ones in real worth, and some of the fruit and cereals are actually marvellous for intrinsic excellence. Pine woods abound, and the benefit secured in several chest cases was due largely to the balsamic air of the locality.

I specially value the grape-cure, so-called, in stubborn dyspepsia, and here it can be thoroughly tested. No finer grapes grow in America than those found in abundance all around Egg Harbor City. I have, in a paper on "The Treatment of Post-Nasal Catarrh,"* referred to this point, and medical friends who have tried the diet cure have expressed their appreciation of its value. Egg Harbor is the point *par excellence* for such cases, and a victim to the pronounced degree of this loathsome dis-

* Proceedings Philadelphia County Medical Society, vol. ii.

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ease should try the plan if able to bear the slight expense of two or three months' stay. Since writing the paper alluded to, I have, in the treatment of catarrh, used Lippia Mexicana, as prepared by Parke, Davis & Co., extensively as a local application, and the proper means of reaching the affected parts is by spraying. The "Perfected Atomizer" of Mr. William Snowden, of this city, is by all odds the best instrument at our command for the purpose. Adjustable tubes for upward (pharyngeal) and forward (nasal) spraying are needed, and these Mr. Snowden has contrived in a compact and suitable form. The nasal application can be made readily by the patient, and any one can in a few minutes learn to spray the vault of the pharynx as well as needful.

Lippia, with a few drops of Jamaica dogwood (*Piscidia Erythrina*), acts nicely as a sedative in laryngeal phthisis, and a downward spraying tube is obtainable for this purpose from Mr. Snowden (7 South Eleventh Street).

Several cases of dysmenorrhœa under my charge have been benefited by residence in the summer and autumn near Egg Harbor. Girls suffering from congestion of the genital tract frequently eat too much meat, and a grape and milk diet relieves the condition notably. Whilst on the question of milk and grape diet, I may state, that although *grapes* as food are valuable in varied morbid conditions, it does not necessarily follow that *wine* from the same fruit is allowable, nor is *Kumyss* a substitute for *fresh milk* or *cream*. I have before now had trouble with patients on this score, and I take the opportunity of cautioning any who may try the effect of residence at the points referred to, not to indulge unless by permission of their physician. No purer nor better wine, I believe, exists than the Egg Harbor product, particularly the "Black Rose," but it is not to be consumed unrestrainedly by visitors.

The class of summer tourists who spend time and money at well-known fashionable resorts, can with profit swerve from the beaten paths of style, and learn the fact that recuperation is obtainable all along the line spoken of at little expense, and a quiet summer is just what many ultra-fashionable families really need. The worry of great hotels, the never-ending excitement of balls, and the senseless abuse of the table at the caravansaries of mammon never prepare people during the exhausting heat of summer for the turmoil of city life in winter. Let families once try the actual rest of a quiet seclusion in the pineries, and they will save worriment, money, and health thereby. In drawing attention to the claims of New Jersey as a health resort, I have strung together somewhat carelessly a few hints as to residence at desirable points, and interlarded a note here and there on medical treatment in the disorders under consideration. My patients have expressed their satisfaction after trying the virtue of more or less prolonged residence in the locations named, and I believe that other physicians would secure the same results if they tried. A good many people, who are not exactly sick, need rest, they want to get away from the bustle of city life; they need the balsamic air of the woods, the salt breeze of the ocean. Let such try for themselves a few weeks somewhere along the line noted, and they will, I am sure, not be sorry for the trip, nor disappointed in the result of the experiment. Pretentious summering is one thing—a genuine vacation is another. The one is exciting and mixed with undoubted pleasure—the other is restful and conducive to renewed health and strength.

Just as I finish this page—intended to close the article—I have received from Dr. John W. Snowden, of Hammonton, N. J., his annual address before the Medical Society of New Jersey, at Atlantic City, in 1883, and the first annual report of "The Bureau of Statistics of Labor and Industries of New Jersey" for 1878. He also sends me a copy of Dr. Stevenson's article on the "Pines," for consumptives, published in the Philadelphia Medical Times, of August 29, 1874. This paper corroborates my views entirely, it is extensive and interesting, and I am sorry not to have known of its existence before writing this article, for Dr. Snowden's ability is a household word in New Jersey, and his opinions on climatic effects in pulmonary affections, forming the main substance of the paper, are thoroughly endorsed by those who know him. The maps he kindly sends me are valuable in outlining the "non-malarial area," which includes the exact district outlined by myself. I shall in another number advert to a few disorders not yet spoken of, which are susceptible of treatment climatically.

[To be continued.]

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# THERAPEUTIC NOTES.

### SCARLET FEVER.

Professor N. S. Davis says that frequent sponging of the whole body with cold water will do more to allay the extreme excitability, lessen the temperature, and favor natural molecular changes during the first four or five days of the eruption than can be done by all other remedies.

For further correcting the general derangements of secretory and molecular action in the severe anginose cases, three or four alterative doses of calomel and the subsequent use of the aqueous solution of iodine, in doses suited to the age of the patient, are the most efficient measures that can be adopted.

Professor Davis deems it important to avoid all active evacuants, as emetics and cathartics, during the first two days, as their action may divert the specific cause or contagion of the disease from its natural tendency to the cutaneous surface and favor its retention in the blood. Such movements of the bowels as may be necessary can be obtained by warm-water enemas.

The severity of the local inflammation in the fauces and cervical glands can be materially lessened by the external application of an ice-bag to the neck and the internal administration of the following combination:—

℞. Potassii chloratis . . ʒiiss.
Acidi hydrochlorici . . ʒj.
Tinct. belladonnæ . . ʒiiss.
Aqua . . . . . ʒviij.

M. Sig.—From a half teaspoonful to a dessertspoonful, according to the age of the patient, every three hours.

As soon as the first stage is over and the fever and rash begin to decline, the following formula should be substituted for the preceding one:—

℞. Quinia sulphatis . . . gr. xij.
Acidi hydrochlorici . . ♏vj.
Tinct. ferri chlor. . . ʒss.
Syrupi glycyrrhiza . . ʒiij.

M. Sig.—Two teaspoonfuls every four hours.

In cases where the pulse is unusually weak and quick, the following mixture should be given between the doses of the iron and quinine solution:—

℞. Tinct. digitalis . . . ʒj.
Ammonii carb. . . . ʒss.
Liq. ammonii acetatis . . ʒij.

M. Sig.—One teaspoonful every four hours.

In the more malignant cases of scarlatina anginosa in which appearances of gangrene are presented in the fauces or tonsils about the third or fourth day, Professor Davis usually orders an infusion to be made of ʒj of cayenne pepper and ʒiv of boiling milk, and directs one teaspoonful of it to be taken every one or two hours until the sloughs have separated. He then discontinues the pepper and orders some mild astringent gargle to be used in combination with the internal administration of quinine and iron.

### DIPHTHERIA.

℞. Acidi carbolici . . . gr. j.
Chloral hydrat . . . ʒss.
Tinct. belladonnæ . . ʒss.
Spts. frumenti . . . ʒss.
Syr. auranti . . . ʒiij.

M. Sig.—One teaspoonful every three hours.

### SCIATICA.

Dr. James E. Wilson (New England Medical Monthly) recommends—

℞. Chloral hydrat . . . ʒiij.
Bromide of soda . . ʒiij.
Morphia sulph. . . . grs. vj.
Quinia sulph. . . . grs. liv.
Pulv. camphor . . . ʒss.
Elixir taraxicum comp. . ʒvj.
Tinct. aconite . . . gtt. xxiv.

M. Sig.—A dessertspoonful every three hours until relieved.

### HÆMOPHILIA.

Professor Roberts Bartholow recommends—

℞. Acidi gallici . . . ʒss.
Acidi sulphurici dilut. . ♏xl.
Tinct. opii deod. . . ♏xx.
Infus. digitalis . . . ʒij.

M. Sig.—Two teaspoonfuls every three hours.

### MEASLES.

Dr. D. Maclean (Canada Medical Record) recommends—

℞. Vini ipecac. . . . . ʒss.
Syr. scillæ . . . . . ʒss.
Quinia sulph. . . . gr. ij.
Liq. ammonii acetatis . . ʒij.

M. Sig.—One teaspoonful every three hours.

### ACUTE PLEURISY.

Professor Da Costa often orders—

℞. Tinct. aconiti rad. . . ♏xxx.
Potassii acetatis . . . ʒss.
Morphia sulphatis . . gr. ss.
Liq. potassii citratis . . ʒij.
Syrupi tolu . . . . ʒj.

M. Sig.—Two teaspoonfuls every three hours.

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EMPHYSEMA.

Professor Bartholow frequently uses—

℞. Potassii iodidi . . . ʒij.
Liq. potassii arsenitis . . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—One teaspoonful three times a day.

LARYNGITIS.

℞. Syr. ipecac. . . . ʒij.
Morphiæ sulphatis . . gr. ss.
Syr. tolu. . . . . ʒiss.
Mist. glycyrrhiza comp. . ʒiss.
M. Sig.—Two teaspoonfuls every three hours.

CHRONIC PLEURISY.

Professor Da Costa has obtained excellent results from—

℞. Potassii iodidi . . . ʒij.
Tinct. digitalis . . . ʒij.
Tinct. opii camph. . . ʒiss.
Aqua . . . . . ʒss.
M. Sig.—One teaspoonful four times a day.

HEMORRHOIDS.

℞. Acidi carbolici . . . gr. xxx.
Acidi tannici . . . gr. xx.
Pulv. aluminis . . . ʒj.
Cosmoline . . . . ʒij.
M. Ft. Unguentum.
Sig.—Apply three or four times daily.

CHILBLAINS.

℞. Tinct. iodi . . . . ♏x.
Acidi salicylici . . . gr. x.
Tinct. benzoini comp. . ʒj.
M. Sig.—Use externally.

NEURALGIA.

℞. Tinct. aconiti . . . ♏viij.
Tinct. gelsemii . . . ♏xij.
Ext. cimicifugæ fld. . . ʒiss.
Spts. etheris comp. . . ʒss.
M. Sig.—One teaspoonful every hour.

ASTHMA.

Professor Bartholow frequently prescribes—

℞. Ext. belladonnæ fld. . . gr. j.
Ext. lobeliæ fld. . . . ʒij.
Ext. grindeliæ fld. . . ʒiv.
Potassii iodidi . . . ʒij.
Glycerini . . . . ʒj.
Aqua . . . . . ʒv.
M. Sig.—A tablespoonful every two hours until the attack is broken up.

CHRONIC BRONCHITIS.

℞. Tinct. nucis vomicæ . . ʒiss.
Tinct. capsici . . . ♏xx.
Vini picis . . . . ʒiv.
M. Sig.—A dessertspoonful four times daily.

PSORIASIS.

℞. Tinct. pulsatillæ . . . ♏xvj.
Vini colchici rad. . . ʒiv.
Magnesii sulphatis . . ʒiij.
Aqua menth. pip. . . ʒiv.
M. Sig.—Two teaspoonfuls after meals.

LEAD-COLIC.

Professor Bartholow recommends—

℞. Aluminis . . . . ʒiij.
Acidi sulphurici dilut. . ʒiss.
Syrupi limonis . . . ʒiss.
Aqua . . . . . ʒivss.
M. Sig.—One tablespoonful every hour or two.

GASTRALGIA.

℞. Tinct. hyoscyami . . ʒj.
Spts. chloroformi . . ♏xx.
Ext. erythroxoloni fld. . ʒij.
M. Sig.—One teaspoonful four times daily.

PHTHISIS.

The following combination is antipyretic and antiseptic, as well as sedative to the mucous membranes of the stomach and lungs, and will be found of service in combating the exacerbations of phthisis:—

℞. Acidi carbolici . . . gr. iij.
Quiniæ sulphatis . . ʒj.
Acidi hydrochlori dilut. . ʒj.
Syr. pruni virginianæ . . ʒiss.
Spts. frumenti . . . ʒiss.
M. Sig.—A dessertspoonful every four hours.

ASTHMA.

℞. Ammonii iodidi . . . ʒj.
Ammonii bromidi . . ʒiss.
Infusi digitalis . . . ʒiiiss.
M. Sig.—Two teaspoonfuls every three hours.

CARDIAC WEAKNESS.

℞. Tinct. digitalis . . . ʒij.
Tinct. ignatiæ . . . ʒij.
Tinct. cinchonæ comp. . ʒj.
Ext. erythroxoloni fld. . ʒiss.
M. Sig.—One teaspoonful before meals.

WHOOPING-COUGH.

℞. Chlorali hydrat . . . gr. xl.
Ammonii bromidi . . ʒj.
Ext. lupulinæ fld. . . ʒiss.
Syrupi . . . . . ʒiiss.
M. Sig.—Two teaspoonfuls every four hours.

VARICELLA.

℞. Tinct. gelsemii . . . ♏xij.
Liq. ammonii acetatis . ʒj.
Liq. potassii citratis . . ʒj.
M. Sig.—One teaspoonful three times a day.

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MYALGIA.

℞. Potassii iodidi . . . ʒj.
Ext. cimicifugæ fld. . . ʒvj.
Ext. phytolaccæ fld. . . ʒvj.
Syr. sarsaparillæ comp. . ℥iss.
M. Sig.—Two teaspoonfuls every four hours.

SPERMATORRHŒA.

℞. Ergotine . . . . gr. x.
Pulv. camphoræ . . gr. xv.
Quiniæ sulphatis . . gr. x.
M. Ft. pilulæ No. x.
Sig.—One pill after meals.

MELANCHOLIA.

℞. Strychniæ sulphatis . . gr. ss.
Acidi phosphoriæ dilut. . ʒij.
Tinct. cannabis ind. . . ʒiiss.
Ext. erythroxoloni fld. . ℥iv.
M. Sig.—Two teaspoonfuls before meals.

HYSTERIA.

The following is a favorite prescription of Professor N. S. Davis:—

℞. Ammonii bromidi . . ʒv.
Ext. valerianæ fld. . . ℥ij.
Ext. scutellariæ fld. . . ℥iss.
Ext. hyoscyami fld. . . ʒss.
M. Sig.—One teaspoonful in water three times a day.

FLATULENT DYSPEPSIA.

℞. Acidi carbolici . . . gr. iv.
Tinct. capsici . . . ♏x.
Aqua menth. pip. . . ℥ij.
M. Sig.—One teaspoonful after meals.

HABITUAL CONSTIPATION.

Dr. William Murrell (British Medical Journal) says: "I have recently being using the Friedrichshall water in a variety of cases, in hospital practice, and I find it to possess the same valuable therapeutical qualities which explain and enhance its long-established reputation as a favorite aperient in habitual constipation, and in the wide range of cases in which it is desirable to employ a laxative of mild character, and fitted for continued use. Friedrichshall has a special constitution which secures to it marked preference over the ordinary sulphate of magnesia waters, and over the ordinary in general use. Its special advantages are probably largely due to its combination of chlorides with sulphates. It is not merely a saline aperient, but it has valuable properties in influencing tissue-change and promoting excretion of acid. Thus it is attended with excellent results in cases of congestion of the liver and kidneys, as a corrective of the digestion, and as what may be familiarly described as a tonic aperient. Friedrichshall realizes in practice the valuable curative powers ascribed to it by the eminent German physician with whom it has long been a standard prescription. I hope, shortly, to publish, in a more detailed form, the results of clinical experience, which indicates the special advantages of Friedrichshall to which I refer."

CATARRHAL PHTHISIS.

Dr. P. C. Jensen (Journal of American Medical Association) reports a case of catarrhal phthisis in which rapid and permanent improvement was obtained by the following formulæ:—

℞. Tinct. nucis vomicæ . . gtt. x.
Tinct. digitalis . . . gtt. vj.
Maltine . . . . ʒiij.
Syrupi hypophosph. comp. . ʒj.
M. Sig.—Take at one dose before meals.

℞. Quiniæ sulphatis . . gr. ij.
Pulv. iodoformi . . . gr. ij.
Ferri sub-carbonatis . . gr. ij.
Ext. belladonnæ alc. . . gr. ½.
Podophyllin . . . gr. $\frac{1}{20}$.
M. et ft. capsule No. 1.
Sig.—One capsule after each meal.

The cough was checked by—

℞. Morphiæ sulphatis . . gr. j.
Ant. et pot. tartratis . . gr. ij.
Ammonii carbonatis . . ʒss.
Acidi hydrocyanici dil. . gtt. xxv.
Spts. chloroformi . . ʒiss.
Syr. bals. tolutani q. s. . ℥iv.
M. Sig.—Take one-half teaspoonful every three hours.

PUERPERAL PERITONITIS.

Dr. A. F. Eklund (Therapeutic Gazette) says the most effective treatment of puerperal peritonitis consists in the use of small doses of morphia combined with stimulating doses of camphor and a sufficient amount of quinine to counteract the deleterious effect of the pathogenetic microbes in the blood. He frequently prescribes—

℞. Morphiæ acetatis . . gr. iss.
Acidi tartarici . . . gr. xv.
Pulv. camphoræ . . gr. xxx.
Quiniæ sulphatis . . ʒj.
Sacchara . . . . ʒj.
Ol menthæ pip. . . . ♏x.
M. Ft. charta No. x.
Sig.—One powder every four to twelve hours, according to the emergency of the case.

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### CHRONIC MALARIA.

Dr. D. Colain (Medical and Surgical Reporter) states that the following formula has no superior in chronic malaria:—

℞. Strychniæ sulphatis . . gr. ij.
Ferri sulphatis . . . gr. l.
Acidi arseniosi . . . gr. iss.
Ext. quassiæ . . . gr. c.

M. Ft. pilulæ No. l. .
Sig.—One pill half an hour after each meal.

### NERVOUS DYSPEPSIA.

Dr. M. L. James considers the following combination to be the most efficient that can be employed in cases of dyspepsia of neurasthenic origin:—

℞. Quininæ phosphat. . . gr. xvj.
Strychninæ phosphat. . gr. $\frac{1}{8}$.
Acidi phosphorici (50 p. ct.) ♏xx.
Caffein. citrat. . . . gr. xvj.
Aqua puræ . . . . ℥vij.
Glycerini . . . . ℥ss.
Spts. vini. rectif. . . ℥ss.
Tinct. cardamomi comp. . ℥j.

M. Sig.—One or two teaspoonfuls immediately before or after meals; to be repeated, when necessary, every hour or two until the nervous depression is relieved.

### VOMITING OF PREGNANCY.

℞. Cocainæ hydrochloratis . gr. ij.
Aqua . . . . . ℥iiss.

M. Sig.—One teaspoonful half an hour before meals.

### RHEUMATISM.

℞. Tinct. veratri viridi . . ℥ss.
Ol gaultheria . . . ℥j.
Syr. acaciæ . . . ℥ss.
Aqua . . . . . ℥iss.

M. Sig.—One teaspoonful every three hours.

### ACNE.

℞. Potassii chloratis . . ℥j.
Potassii acetatis . . . ℥ij.
Aqua . . . . . ℥vj.

M. Sig.—Tablespoonful one hour after meals.

### RENAL DROPSY.

℞. Potassii bitart. . . . ℥ss.
Tinct. digitalis . . . ℥j.
Infus. buchu . . . ℥iv.
Decoc. scoparii . . . ℥iv.

M. Sig.—Two tablespoonfuls four times daily.

### CHOREA.

℞. Potassii bromidi . . . ℥iiss.
Mistura Basham . . . ℥iv.

M. Sig.—One teaspoonful after meals.

### HEPATIC COLIC.

℞. Spts. chloroformi . . ♏xx.
Morphia sulphatis . . gr. ss.
Atropia sulphatis . . gr. $\frac{1}{20}$.
Spts. etheris comp. . . ℥j.

M. Sig.—One teaspoonful every hour or two until relieved.

### TYPHOID FEVER.

Dr. Real (Raccoglitore Medico) treats typhoid fever on the disinfectant plan by giving bismuth in huge doses. He begins by giving an enema containing two and a half drachms of subnitrate of bismuth, and then administers the same remedy internally in doses of five to six drachms per diem. This quantity is divided into twenty-four portions, one of which is given suspended in mucilage every hour. If constipation occur, three or four drachms of sulphate of soda are given either by the mouth or rectum. The patient is made to drink two or three quarts of milk a day, and some Vichy or other effervescing alkaline water, and may also take two pints of beer or one or two ounces of brandy. Of sixty-two patients treated by this method but two died.—*Analectic.*

### TORPOR OF THE LIVER.

℞. Mass. hydrarg. . . . gr. xij.
Quiniæ sulphatis . . gr. vj.
Pulv. capsici . . . gr. iij.
Ext. belladonnæ . . gr. j.

M. Ft. pilulæ No. vi.
Sig.—One pill at bed-time.

### LARYNGISMUS STRIDULUS.

℞. Chloral hydrat . . . gr. xvj.
Sodii bromidi . . . gr. xl.
Tinct. opii deod. . . ♏xx.
Aq. menth. pip. . . ℥j.

M. Sig.—One teaspoonful every hour for a child five years' old.

### ROUND WORMS.

℞. Hydrarg chlor. mite . . gr. iss.
Resinæ jalapæ . . . gr. ix.
Santonin . . . . gr. vj.

M. Ft. charta No. iii.
Sig.—Take one powder every night at bed-time.

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OPHTHALMIA NEONATORUM.—Professor Eugene Smith (Michigan Medical Age) recommends the application twice a day of a five-grain solution of nitrate of silver to the everted lids, after the discharge has been wiped off, with a piece of soft linen or muslin.

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THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Dec. 1885.

## *FRIEDRICHSHALL WATER.*

FRIEDRICHSHALL WATER has long been regarded by the most eminent European physicians as the most valuable of all natural medicinal waters, and an indispensable agent in the treatment of many obstinate affections. Loschner, Helft, and Mosler consider it to be the most potent of all anti-scrofulous remedies. Sir Henry Thompson and Johannes Weber have found it to be unequalled in the treatment of gout and the uric acid diathesis, and as a preventative, and a solvent of urinary calculi. Professor Frerichs and Thierfelder have found it of especial value in jaundice, biliary colic, congestion of the liver, and in facilitating the resolution and discharge of biliary concretions. Nauman, Mosler, and Bamberger have derived excellent results from its use in cases of cardiac irritability, cardiac hypertrophy, and some cases of valvular disease. It is much esteemed on the Continent as a remedy for gastric catarrh, abdominal plethora, and the albuminaria and congestions of pregnancy. It is valuable in bronchitis, apart from its diuretic and aperient effects, as it lessens the viscidity of the bronchial mucus and facilitates expectoration. It has also been found serviceable in the various uterine congestions and inflammations.

Friedrichshall water is potent for good in all nervous disorders dependent upon derangements of the blood-supply, but it is especially efficacious in hypochondriasis and melancholia, which are so frequently associated with hepatic and intestinal torpor. Its value in these cases is probably due to the fact that it relieves the intestinal tract from noxious gases and other products of decomposition which would otherwise remain and become absorbed into the blood, and produce more or less deleterious effects upon the nerve-centres. It has also been used with success in the treatment of sciatica and chronic rheumatism. In habitual constipation it is the remedy *par excellence*. A remarkable fact about its use, is, that unlike other aperient waters, its laxative effect is increased, and not lessened, when taken regularly. As Sir Henry Thompson observed long ago, "One of the characteristics of this water is that the longer it is taken the smaller is the quantity necessary to effect the purpose. It leaves the patient less constipated after discontinuing it than he was before, and may be taken habitually without lowering the system. As an occasional aperient and corrector of digestion I know of nothing at all equal to Friedrichshall."

Its efficacy as an alterative, aperient, and diuretic is due in great part to the large quantity of the chlorides of sodium, magnesium, and potassium which it contains, in addition to its cathartic component, the sulphate of sodium. Von Voit, Ringer, Hayes, and other distinguished observers, have demonstrated the importance of the chloride of sodium in particular, and the alkaline chlorides in general, in promoting the oxidation of albumen, increasing the formation and elimination of urea, and in accelerating tissue metamorphosis. The ordinary saline waters, which owe their value mainly to a certain amount of sulphate of magnesia, or sulphate of soda, produce a copious outpouring of serum from the intestinal walls, and render the fecal discharges very free and watery. This action is beneficial in all acute inflammations, but in chronic affections it interferes with the processes of digestion and assimilation, and frequently produces the most injurious results.

Professor Frerichs frequently warned his class against the injudicious use of the drastic mineral waters. In a lecture delivered in 1877, he said, "If it is merely desired to render more fluid and evacuate the intestinal contents, all the bitter waters are more or less useful, according to the amount of magnesium and sodium sulphates which they contain. But they should only be administered occasionally, for by their continuous use the processes of digestion and blood-formation are essentially

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injured, and in weak, anæmic individuals the health may be considerably affected. The effect is very different, however, when, besides these salts, large quantities of sodium chloride are present, as in Friedrichshall water, for then we have the favorable influence of the chloride upon the processes of digestion and diffusion, and upon tissue-change generally."

## *PNEUMATIC DIFFERENTIATION.*

PNEUMATIC DIFFERENTIATION is the title of a method introduced for the treatment of phthisis by Dr. Herbert F. Williams, of Brooklyn, N. Y. The differentiator is an air-tight cabinet, in which the patient sits, stands, or reclines, breathing ordinary atmospheric air, which is conducted from the outside through a flexible tube. By means of an ingenious arrangement the physician can condense or rarefy the air in the cabinet to any required degree. When it is rarefied, the external pressure on the patient's chest is lessened, but, as the pressure of the atmosphere remains the same, more air rushes in through the breathing-tube, and the lungs are consequently dilated from ten to fifty per cent. more than in ordinary breathing. The air in the cabinet may then be condensed, and the pressure on the patient's chest increased, or he may be permitted to expel the air from his lungs by his own unaided efforts.

It is claimed that by this method the blood is more perfectly oxygenated than would otherwise be possible, and that by it various antiseptic medicaments can be carried to every portion of the pulmonary tissue; that it produces permanent benefit in various non-tubercular affections of the lungs and bronchial tubes, and that even pulmonary tuberculosis can be ameliorated or lessened by its employment.

Dr. Vincent Y. Bowditch, of Boston, and Dr. Alfred S. Houghton, of Chicago, have repeated Dr. Williams's observations, and consider his invention of the differentiation to be a marked advance in pulmonary therapeutics. A company has been formed to manufacture the differentiators, or cabinets, and the announcement is made that none but reputable physicians will be allowed to use them, and that, to prevent them from getting into the hands of quacks or charlatans, they will not be sold, but will be rented for the modest sum of two hundred and fifty dollars a year.

This will preclude the average practitioner from employing the differentiator, and practically places him among the charlatans to whom the company announces that it will not entrust the machines. But let the honest, hardworking physician whose income is less than five thousand dollars a year not despair. Hope and consolation may still be found in the fact that every patient has within him both the promise and the potency of pneumatic differentiation. Brilliant results can be obtained in the treatment of chronic bronchitis, chronic pneumonia, chronic pleurisy, and pulmonary phthisis by insisting upon the patient fully expanding his lungs, by taking several deep inspirations thirty or forty times daily, or oftener, if possible. It may be fatiguing at first, but it will finally become a positive pleasure, and wonderful improvement will frequently result. We can recollect several well-marked cases of incipient phthisis in which every trace of the disease was removed in six months by the administration of tonics and cod-liver oil, and the faithful and persistent manner in which the instructions relative to frequent deep inspirations were obeyed.

## *THE INTERNATIONAL MEDICAL CONGRESS.*

THE success of the Ninth International Medical Congress is now assured. The Chairman of the Executive Committee has received letters of congratulation and promises of support and coöperation from the most distinguished physicians of America and Europe. The Committee is also actively supported by the following influential medical journals of the United States: The Journal of the American Medical Association, Chicago Medical Journal and Examiner, Cincinnati Medical News, Daniel's Texas Medical Journal, Texas Courier-Record, North-Western Lancet, Iowa State Medical Reporter, Louisville Medical Herald, Mississippi Valley Medical Monthly, Nashville Journal of Medicine and Surgery, Detroit Lancet, Leonard's Illustrated Medical Journal,

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Southern Practitioner, Southern Medical Record, Atlanta Medical and Surgical Journal, Florida Medical Journal, St. Joseph Medical Herald, Kansas City Medical Index, Gaillard's Medical Journal, The Sanitarian, New England Medical Monthly, The Medical and Surgical Reporter, Philadelphia Medical Times, The College and Clinical Record, The Polyclinic, and THE MEDICAL BULLETIN.

The opposition, which was at one time well organized, confident, and arrogant, has gradually crumbled away until it is now practically limited to the New York Medical Journal, New York Medical Record, Philadelphia Medical News, and three or four nondescript journals. The indications are that one, and probably two, of these will soon follow the example of The American Practitioner and the New Orleans Medical and Surgical Journal, in recognizing the futility of their present course, and gracefully submitting to the inevitable.

The following extracts, from the most influential medical journals of the United States, accurately represent the present sentiments of an overwhelming majority of the American medical profession. We commend them to the careful consideration of Dr. Frank Foster, Dr. George F. Shrady, Dr. I. Minis Hays, and the handful of specialists who fondly believe that all the honor and fame of modern medicine is centered in themselves.

"THE NINTH INTERNATIONAL MEDICAL CONGRESS.

"Notwithstanding the 'spleenful mutiny' on the part of the Medical News, the New York Medical Journal, and the New York Medical Record, the prospects of a successful International Medical Congress, at Washington, in 1887, continue to be encouraging. The professional eminence, energy, and perseverance of the medical gentlemen, to whom the preliminary arrangements of the Congress have been intrusted, render a favorable issue of this vexed question highly probable. The *animus* of the conduct of the New York medical journals in the controversy is obvious. Commercial interests have unfortunately substituted just regard for professional honor. We hesitate to ascribe to personal pique the anomalous conduct of the Medical News. Yet the scrupulous regard to probity which has characterized the first century's existence of the publishing house —of which the News is the organ—forbids any other conclusion."—*Chicago Medical Journal and Examiner.*

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"Let it be once for all understood that the invitation for the International Medical Congress to meet in this country in 1887, the invitation that was extended and that was accepted at Copenhagen, issued from the American Medical Association, and that the present organization of the Congress is in perfect accord with this body. The Association has not rebelled against the handful of 'kickers;' they, on the contrary, are in open rebellion against the body that is the *most* representative body of the profession in this country.

"It is not only idle, it is absolutely childish for journals that know better to keep up this talk about the failure of the Congress. Some of the very best men in this country are actively in sympathy with the Association and the Congress, and they are men of such eminence and such force of character that the Congress is sure not only to be, but to be a great success. . .

"It is true that some very prominent men have withdrawn their allegiance from the Congress as it now stands constituted, but in nearly all instances their withdrawal has been the result of peculiar pressure brought to bear by the originally disappointed 'handful.' . . . .

"We have ample evidence that many of these rebels now regret the course they have pursued, and sigh for the days that have been numbered; we know that the large publishing houses that control the few journals that have championed these rebels regret exceedingly the course that their editors have pursued; we know, *as the representative journal of the profession of this country, that the profession, as a body, are in hearty accord with the American Medical Association*, and we can assure our transatlantic readers that the Congress will be held in Washington in 1887."—*Medical and Surgical Reporter.*

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"MODESTY!

"The Medical News and the Record are still laboring to make the professional world believe that there are no leading men in the profession of the United States except the twenty-eight in Philadelphia, the dozen in Baltimore, and the half dozen in New York who refused to accept positions in the International Medical Congress, 'as then proposed to be organized,' before the actual organization had been effected, and they are still publishing pretended declinations from the same 'proposed' organization. The News, however, seems to be rapidly losing its interest in the whole subject. . . Perhaps the fact

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that the unpatriotic conduct of that journal and its twenty-eight coadjutors has been openly condemned by one hundred and fifty of the leading members of the profession in its own city, and three or four hundred more in the State, is having something to do with its waning interest. . . . .

"The Record, with its still more remarkable modesty, openly declares 'that there is no exaggeration in saying that there are not half a dozen representative men in the profession now who are prominently connected with the organization of the Congress.' As Austin Flint, Sr., is President; W. O. Baldwin, H. I. Bowditch, William Brodie, Henry F. Campbell, W. W. Dawson, R. Palmer Howard, E. M. Moore, T. G. Richardson, Lewis A. Sayre, and J. M. Toner, are among the Vice-Presidents; and Henry H. Smith, William H. Pancoast, A. R. Robinson, William T. Briggs, Joseph Jones, and John P. Gray, are among the Presidents of Sections, the question will naturally arise in the mind of the reader whether there are any '*representative*' men in the profession of the United States in the estimation of the Record except its editor, George F. Shrady, A.M., M.D. . . . .

"The truth is, that the Rules as finally adopted and the Organization for which they provide are free from every objection that had been urged against the previous work of the committee, and further opposition can have no other basis than mere personal prejudice or the unpatriotic desire to drive out of the country whatever the opponents cannot personally control. But they may rest assured that further opposition on either basis will be unavailing. The Ninth International Medical Congress will be held in the City of Washington in 1887, and will be equal, in all its legitimate interests, to any of the Congresses that have preceded it." —*Journal of the American Medical Association.*

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"We have been placed on record in companionship with journals hostile to the American Medical Association.

"We here distinctly disclaim any feeling whatever of hostility to the welfare of this time-honored organization. . . . .

"We stand as loyal friends of the Association to-day as we have ever been, and we emphatically disavow any sympathy whatsoever with those who would destroy the existence, or even impair the usefulness of an organization around which cluster the memories of thirty-six years, the story of which runs all through the history of American medicine. . . . .

"The dissenting one hundred and seventy should bear in mind that not alone on the Committee of Arrangements, but on their own shoulders as well, the burden of responsibility will rest, should the American meeting of the Congress fail. They all cannot be officers of the Congress." . . . .—*New Orleans Medical and Surgical Journal.*

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"THE AMERICAN MEDICAL ASSOCIATION AND THE INTERNATIONAL MEDICAL CONGRESS.

"SIR: I received, on September 6th, a circular entitled, 'Why the action of the American Medical Association should be endorsed.'

". . . I think the profession in America—by which I mean the vast majority of the legally qualified, regular medical practitioners—thoroughly understand the situation. The contest here is between them, and a small minority of well-known medical luminaries, many of whom are specialists; and the specialist is very apt at times to be somewhat weak-kneed in the ethical light of his consultations. . . . .

"The American Medical Association adopted a code of ethics that cannot possibly be objectionable to any right-minded, regular practitioner. It promotes organization amongst the profession by conferring membership only on those who belong to the local or State societies. . . . It is the only national source to which individual members of the profession can look for counsel or support. . . .

"Finally, I would again repeat, that while ignorant of the *modus operandi* through which the International Congress should be organized, and, therefore, hesitating to express an opinion, yet my sympathies are altogether with the American Medical Association, and I trust that the comments of those in distant lands may be rendered less severe in the light of a few plain facts.

"Faithfully yours,

"JAMES H. PARKINSON, L.R.C.S.,

"Sacramento, California,"

—*in British Medical Journal.*

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"*Editor Lancet and Clinic:*

". . . I have no wish to introduce the war topic to your peaceful pages by taking sides in the controversy, but only to make this remark, that if the object of the Congress be to promote the healing art it is difficult to understand what the struggle is about. . . . .

"According to my observation, in a country like ours, that has no statutory law to regulate the practice of medicine, the rebels to a substitute code of ethics are those who wish the word liberty to stand as a synonym for 'do as you please,' a definition which exactly suits all those whose pockets are far more hungry for money than their heads are for principles.

"J. R. BLACK,"

—*in Cincinnati Lancet and Clinic.*

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"The committee appointed by the Council Bluffs Medical Society to report resolutions indicative of the sentiments of the society regarding the American Medical Association and the International Medical Congress, reported as follows:—

"WHEREAS, The next International Medical Congress will convene in Washington, a Congress invited to this country by the authority and in the name of the medical profession in America, as represented by the American Medical Association, and,

"WHEREAS, Certain Eastern publications are using their utmost endeavors to foment discord, and prevent a successful meeting, therefore,

"*Resolved*, That we uphold and fully endorse the Association in its action, and earnestly desire a harmonious and successful meeting;

"*Resolved*, That we regard the action of the New York Medical Record, Philadelphia Medical News, and other periodicals which imitate them, as detrimental to the best interests of the profession, wholly unworthy of our approval or support, and unbecoming gentlemen of high professional character;

"*Resolved*, That a copy of these resolutions be sent to the editor of the Journal of the American Medical Association for publication."—*Iowa State Medical Reporter*.

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"THE CARBON COUNTY MEDICAL SOCIETY.

"WEATHERLY, PA., October 16, 1885.

"*Editor of* THE MEDICAL BULLETIN:

"DEAR SIR: At the meeting of the Carbon County Medical Society held at Mauch Chunk, Pa., October 15th, the action of the American Medical Association was heartily and unanimously endorsed by the Society, and the secretary ordered to report the same.

"Yours truly,

"J. B. TWEEDLE, *Secretary*."

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". . . The Congress is now organized, the officers are appointed, and that they are men of international reputation cannot be gainsaid. The Committee of Arrangements has virtually ceased to exist. The American Medical Association has now nothing further to do with it, and the organization will have to stand upon its own bottom. . . . Now, let all the bickering cease; let *all* rise above personal feeling and petty prejudices, and work for the success of the Congress and the credit of the profession of America. . . . The Congress is organized; *it will be held;* and the sooner all the opposing elements unite, the greater the success that will crown the efforts of the committee, which have been arduous and unremitting."—*New Eng. Medical Monthly*.

"PENNSYLVANIA ENDORSES THE ACTION OF THE AMERICAN MEDICAL ASSOCIATION.

"Some time since twenty-seven members of the medical profession of Philadelphia met, and, without adducing any reason therefor, solemnly repudiated all steps taken by the American Medical Association to make good its invitation to the International Medical Congress to hold its next regular meeting in America as the guests of the American profession.

"In some sort as an answer to this we have a circular before us signed by Drs. William H. Pancoast, William B. Atkinson, P. D. Keyser, Addinell Hewson, and Henry Leffmann. In this circular endorsing the action of the American Medical Association we find the names of fourteen ex-presidents of the Medical Society of the State of Pennsylvania, and twenty presidents and ex-presidents of various county medical societies in Pennsylvania. In all there are one hundred and forty-seven names of the Philadelphia County profession. Fifty-six counties of Pennsylvania are represented on this list. It is stated that the list is incomplete, and hence does not adequately represent the entire profession of Pennsylvania. But enough is here to indicate that all the profession of that State has not repudiated the American Medical Association. We are convinced that the more this whole affair of the International Medical Congress is looked into the more it will appear that the American Medical Association has tried to do the best it could for the general good. In so far as we have been able to see, the kickers have absolutely no tenable ground upon which to base their action. As this fact comes to the comprehension of the profession they will be left to stand more and more alone. . . . .

"Gaillard's Medical Journal says that the declination of the gentlemen in Washington, Philadelphia, Baltimore, Boston, etc., to serve in the organization of the International Medical Congress is simply indefensible. Instead of doing their best to make the meeting a profitable and pleasant one they are doing their very best to make the occasion one of disgrace to the entire medical profession. This is a fair statement of the case. Were all looking for the general good more than their individual preferences, prejudices, and interests, there would be no difficulties in the matter."—*Detroit Lancet*.

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"THE INTERNATIONAL MEDICAL CONGRESS.

"It seems to us that no impartial reader of the discussion of this subject can fail to see that the real bone of contention, since the American Medical Association asserted its rights and determined to maintain its self respect, is, and has been, from the outset of the work of the

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first committee, personal ostentation against professional unity. This is said with all due respect to the *personnel* of the original committee as a whole, but with a distinct recognition of the general truth that as a committee they had very little to do with filling the programme which has been the cause of the dissatisfaction. With this it is very well known very few members of the committee had very little to do; but having acquiesced in the action which was taken in their name, they have, as a matter of course, felt bound by it, though altogether inconsistent with the modesty which characterizes the general run of its members individually. As the purpose of the Association was to have an International Medical Congress and nothing else, it is reasonable to believe that those members of the profession who have allowed themselves to be misled by the motive which we have endeavored to characterize, will, on reflection, appreciate and accept the action of a Committee of Arrangements for the honor of the profession, and not particularly of themselves, as the original intent of the Association.

"Moreover, as it is perfectly consistent with the well-merited professional distinction of many of those who have published their unwillingness under the present auspices, to accept any office for the promotion of the success of the Congress, it is to be presumed they will concede the possibility of finding a sufficient number of others sufficiently distinguished to make the Congress a success, notwithstanding. We are gratified to add since writing the above that the organization of the Congress as proposed by the Committee of Arrangements at its meeting in New York, September 3d, is well calculated to, and should secure the cordial coöperation of the whole profession."—*The Sanitarian.*

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"The list of appointments and nominations, with Dr. Austin Flint at the head, is one which, we think, will meet with the endorsement of the profession generally. It is seen that when the time for final action came, the members of the committee, rising to the responsibility resting upon them, acted with marked discretion, good judgment, and an evident desire to discharge faithfully and impartially the duty for which they were appointed. . . . It is hoped, the way being now open for harmonious coöperation, that all may unite in striving to secure the success of the Congress, the prospects for which are brighter at present than they have been since the invitation to meet in 1887 in Washington was accepted."—*Phila. Medical Times.*

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"INTERNATIONAL MEDICAL CONGRESS.

". . . One statement, recently made in a journal that opposes the present constitution of the Congress, is interesting. It is stated that the officers of the last Congress, in accepting the invitation to come to America, made it on condition that the Code question should not be considered in organizing the meeting. This fact gives considerable color to the charge made at New Orleans, that the New-Code men had threatened to prevent the acceptance of the invitation if they were excluded. Such an action on their part is intrinsically probable; indeed, they owe it to themselves to take such a stand. The quarrel between the two parties has become quite bitter, particularly in some of the editorials; a recent pamphlet has even descended to personal abuse. It is not known whether this method is New or Old Code, but perhaps it is in accordance with the agreement that questions of ethics should not enter into the constitution of the meeting."—*The Polyclinic.*

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". . . We cannot help thinking that many of those who have so hastily declined participating in the work of organizing the Congress have overestimated their own importance. They do not comprise all the wisdom of the profession in this country."—*The Medical Chronicle.*

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"Whatever opinion one may hold as to the merits or demerits of the committee which has in charge the preparations for the International Medical Congress, one can hardly fail to condemn the action of those medical journals and physicians who, because their own preferences were not realized, now are endeavoring to prevent the meeting of the Congress altogether.

"Because some dozen or so medical men have announced that they will take no part in it, these journals pretend to say that no fair representation of the profession of the United States will attend. If the dozen or so referred to really think so, it is the most astounding case of self-conceit on record. It might be well for them to learn that they are not the sole persons of distinction among the eighty thousand practitioners of the United States.

"As we before hinted, much of the trouble has arisen from the desire on the part of some members first appointed to allow irregular practitioners to take part in the proceedings. The ethical license which some New York specialists insist on in order to increase their consulting practice, is sought to be covertly popularized under the ægis of the International Congress. If the medical profession of this country respects its honorable traditions, or seeks to preserve its reputable position, it will give the cold shoulder both to the petty clique

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who pretend to embody all its abilities, and to the selfish band who would prostitute it to their own self-interest."—*The Medical and Surgical Reporter.*

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"It must be confessed that the committee at its last meeting in New York did some really good and satisfactory work. . . .

"The Congress will go on—provided it can find enough officers to fill its several posts—and we wish it well. The time for its assembling will soon be here. When it comes, it will then be easy to see who were its wisest, most discreet, and most disinterested friends. Until then, unless its affairs take some new and important turn, we bid it Hail! and Good-bye!"—*The American Practitioner.*

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". . . The medical profession in this country has no royal orders or princely chiefs, and preferment is alike open to all. The number of eminently qualified physicians is not, by any means, limited to those who have declined the places tendered to them, and there are many others in our ranks who can do honor to the American Medical Association by representing her in the International Congress. This will demonstrate to the medical world the advancement that has been made in our country by medical men generally, and not rest our claims to consideration upon the fame of any one hundred representative men; and it will surprise the admirers of greatness to learn how completely their places can be filled by others who will prove themselves competent for the work."—*The Southern Medical Record.*

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"That the American Medical Association had the legal and moral right to revise and change the organization effected by the original seven members of the committee, who transcended their authority, is no longer questioned, save by those who desire the Congress to be a failure, and are willing to prostitute their calling by lending their best efforts to the attainment of that end. The same persons also claim that the American Medical Association does not represent American medicine. This is the merest nonsense, and the men who are raising this howl are actuated by selfish motives. If the American Medical Association is not composed of the representative medical men of this country, we are at a loss to know where they could be found outside of that body. . . . .

"We would call the attention of our professional brethren across the Atlantic to the fact that we have about sixty millions of people on this side, and among them thousands of better men in the medical profession than those who seek to interfere with the proper organization of the International Medical Congress, which is to meet in Washington in 1887. The doctors from abroad may rest assured that they will meet with a hearty welcome at the Congress, and that their associates in that august body will consist of the most accomplished gentlemen in the United States, and that they will in no way be disappointed in their expectations."—*The Louisville Medical Herald.*

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"The Ninth International Medical Congress will be held in Washington, D.C., United States of America, in August, 1887.

"The Committee of Arrangements have done their duty admirably, and in the face of many trying difficulties, and the most annoying efforts to obstruct its work. Indifferent alike to criticism and cavil, these gentlemen have fearlessly discharged the responsible task of organizing the Congress and of arranging for the scientific working of the several sections, by the selection of men eminent in connection with the several branches of medical study. They, having finished their labors, pass off the stage now and all further details will be attended to by the Executive Committee. The committee, however, will not be finally dismissed until after its report is made to the American Medical Association at St. Louis next April. They deserve the thanks of the Association, and of all true physicians and lovers of medical science." . . . .—*Daniel's Texas Medical Journal.*

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"It would have been surprising if the small committee of eight had been allowed to proceed with their nominations without enlarging their number or consulting the American Medical Association, which first called them into life. . . . America is a large place; surely all the medical talent or administrative ability is not confined to New York, Washington, Boston, Baltimore, or Philadelphia. . . .

"The thought rises to our mind in reference to some resignations which have been announced, that these resignations have been brought about without true consideration for the interest of the Congress. . . . If the very eminent men who have resigned felt that they were far superior to the lesser lights put on by the new committee, they would have shown their nobility of character and real greatness better by continuing in office and by honoring those lesser lights in allowing their names to figure on the same list. Still more, the great lights should have set an example of conciliation, and endeavored to bring about an amicable settlement. It is too late now to abuse the American Medical Association. We must remember that it was by the invitation of this

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Association the Congress was to meet in America. It sent delegates to Europe, and those delegates as long as the Association supported them had not a word to say against it. The American Medical Association put them in power, and the same Association took away their power.

"The Medical Congress must meet in America, and the honor of the profession in America is now at stake. . . ."—*The Provincial Medical Journal of Leicester, England.*

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CAMDEN COUNTY MEDICAL SOCIETY ENDORSES THE CONGRESS.

At the semi-annual meeting of the Camden County Medical Society, held November 10, 1885, the following resolutions were unanimously adopted:—

*Resolved*, That this Society approves the action of the American Medical Association in enlarging the Committee of Arrangements for the Ninth International Medical Congress, in 1887.

*Resolved*, That the rules regulating the membership and business of the Congress adopted by the Committee of Arrangements at the meeting in New York, September 3d and 4th, and the transference of the future management of the Congress to an Executive Committee, composed of the President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of Sections, be considered by this Society sufficient to silence criticism and enlist the sympathies and support of the profession throughout the United States.

*Resolved*, That the secretary be instructed to forward copies of these resolutions to the County Medical Societies of New Jersey.

E. B. WOOLSTON, *President.*
H. GENET TAYLOR, *Secretary.*
CAMDEN, N. J., November 10, 1885.

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## *INTERNATIONAL MEDICAL CONGRESS—SPECIAL ANNOUNCEMENT.*

*To the Medical Profession of all Countries:*

THE Executive Committee of the Ninth International Medical Congress, to be held in the city of Washington, D. C., commencing on the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly completed the arrangements for this meeting; and they anticipate the hearty coöperation of the profession everywhere in developing this great scientific and humanitarian assembly.

By order of the Executive Committee,

HENRY H. SMITH, M.D., Philadelphia,
*Chairman of Committee.*

NATHAN S. DAVIS, M.D., LL.D., Chicago,
*Secretary-General of Ninth International Medical Congress.*

# MEDICAL NEWS AND MISCELLANY.

THE MEDICAL PRESS, of Western New York, is a new medical journal, published monthly, at Buffalo, N. Y. It is edited by Dr. Roswell Park, assisted by a corps of able collaborators.

DR. HAL C. WYMAN (Journal of American Medical Association) reports a case of fracture of the eighth rib in a man seventy-two years old, which was caused by violent sneezing.

DR. FORDYCE BARKER, Dr. T. Gaillard Thomas, and Dr. Thomas Addis Emmet, of New York, and Dr. William Goodell, of Philadelphia, have been elected honorary Fellows of the British Gynæcological Society.

DR. SAMUEL AYRES has been elected Professor of Anatomy and Orthopædic Surgery, and Dr. Samuel G. Dabney has been appointed Lecturer on Physiology, in the Louisville Hospital College of Medicine.

CLINICAL LECTURES ON DISEASES OF CHILDREN.—Dr. William B. Atkinson will continue his hospital classes for the benefit of advanced students and graduates. For information, apply to the Doctor, at 1400 Pine Street.

DR. J. COLLINS WARREN, of Boston, Mass., delivered an interesting lecture before the Philadelphia Pathological Society, on October 22d, on "A Comparison between the Changes in Arteries after Ligation, and in the Ductus Arteriosus after Birth."

SANTONINE IN AMENORRHŒA.—Dr. Walter Whitehead (Manchester Lancet) reports several cases of amenorrhœa which were cured by one or two ten-grain doses of santonin after permanganate of potash and other remedies had been tried in vain.

DR. C. A. GIBSON has been elected to the Chair of Chemistry, Dr. C. A. Kelsey has been elected Professor of General Pathology and Pathological Anatomy, Dr. B. W. Rogers has been appointed Assistant Demonstrator of Anatomy, and Dr. F. B. Earle has been appointed Curator of the Museum, in the College of Physicians and Surgeons, Chicago.

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DR. W. C. WILE, editor of the New England Medical Monthly, has removed from Sandy Hook to Newtown, Conn., to which place all communications, exchanges, books for review, and all matters pertaining to the editorial department of the Monthly should be addressed in future.

THE FLORIDA MEDICAL AND SURGICAL JOURNAL is a handsome fifty-two page medical journal, which is published monthly at Jacksonville, Fla. It is ably edited by Drs. T. O. Summers, Charles H. Mallett, and Neal Mitchell, and is evidently destined to assume a leading place in American medical journalism.

THE QUARTERLY BULLETIN of the Clinical Society of the New York Post-Graduate Medical School and Hospital, is a new and valuable medical journal, edited by the Executive Committee, Drs. Seneca D. Powell, T. E. Satterthwaite, Charles H. Brown, W. Oliver Moore, and Samuel Lloyd.

THE AMERICAN ACADEMY OF MEDICINE has elected the following officers for the ensuing year: President, Dr. R. Stanbury Sutton, Pittsburgh, Pa.; Vice-Presidents, Dr. Lewis P. Bush, Delaware, Dr. S. J. Jones, Illinois, Dr. R. L. Sibbett, Pennsylvania, and Dr. F. H. Gerish, Maine; Secretary and Treasurer, Dr. R. J. Dunglison, Philadelphia; Assistant Secretary, Dr. Charles McIntire, Easton, Pa.

THE many friends and admirers of Dr. Joseph H. Warren, of Boston, Mass., will be glad to know that he has completely regained his health and has resumed practice again. Dr. Warren is well known as a brilliant writer and a typical American surgeon. The success of the ingenious methods devised by him for the radical cure of hernia is remarkable, and would be alone sufficient to win for him the lasting gratitude of suffering humanity.

CUPPING IN HERNIA.—Dr. Middleton (Weekly Medical Review) was called to a case of strangulated inguinal hernia. He gave the patient an opiate and tried to perform taxis, but failed; and then sent for chloroform. In the mean time the patient suffered such intense pain in the region of the umbilicus that the Doctor tried to mitigate his sufferings by placing two large dry cups in that locality. After allowing them to remain there for a few moments, the hernia spontaneously disappeared.

THE TREATMENT OF CARBUNCLES.—Dr. Jas. Collins, of this city, has treated several cases of carbuncles by anæsthetizing the patients and making a linear incision in the carbuncles and scraping out all the necrosed tissue. The cavity is then syringed out with a 1 to 1000 solution of bichloride of mercury, and its sides approximated by one or two stitches. A drainage-tube is then inserted, and the bichloride injections repeated daily for a week. The patients have all made a prompt recovery, and the resulting cicatrices have been much smaller than those that usually follow the ordinary methods of treatment.

DOVER'S POWDER AND ITS MODIFICATIONS.—Dr. B. W. Richardson (Asclepiad) says it is often good practice to modify Dover's powder by combining the opium and ipecac with other salines than sulphate of potassium. True Dover's powder contains the nitrate as well as the sulphate of potassium—four grains of each in ten grains of the compound—and it is often valuable to revert to this form, as nitrate of potassium, in small doses, is a good diuretic. Dr. Richardson frequently makes other changes in the formula: in rheumatic fever he substitutes sodium salicylate for the potassium salt; in gout, bicarbonate of sodium; in remittent fever, two grains of quinine with five of sodium salicylate; and in quinsy and other throat affections, chlorate of potassium.

THE TREATMENT OF VARICOSE ULCERS.—Dr. C. W. Stratton (Albany Medical Annals), in a paper read before the Medical Society of Northern New York, thus describes the method of treating varicose ulcers, which has been uniformly successful in his practice:—

"I first have the sore thoroughly cleansed by freely applying Castile soapsuds. Ater drying the surface, I dust on dry calomel, and cover with sufficient absorbent cotton to rather more than fill the cavity of the ulcer above the level of the surrounding tissue. I then apply adhesive straps, allowing them to extend far enough on all sides to secure a firm attachment, and then fasten the ends so as to draw the edges of the ulcer together, and at the same time make pressure thereon. Then apply a roller bandage, beginning at the toes and covering the limb closely and smoothly to the knee.

"If the bandage is properly applied, it will maintain its position three or four days, at the end of which time I renew the dressing in the same manner.

"At this dressing and at subsequent ones, in case there are large and prominent granulations which bleed easily, I apply lightly and quickly the smooth surface of a stick of cupric sulphate. The copper sometimes produces at first very severe pain; after a second or third application, however, the pain occasions little inconvenience. In some cases a dose of morphine may be given to allay the pain. This plan, if persisted in, will cure even the most obstinate cases. Poultices are of doubtful utility, and sometimes positively harmful."

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## ORTHOPÆDIC NOTES.

WITH REPORTS OF INTERESTING CASES TREATED AT THE SURGICAL INSTITUTE, NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from October number.)

IN the year 1865, Mr. William Adams, of London, declared in one of his lectures that "all the different systems of treatment serve only to impress one with the conviction that lateral curvature of the spine has at the present time no fixed pathology." A review of many prominent authors who have written of lateral curvature during the twenty years that have elapsed since that date, serves fully to impress one with the conviction that lateral curvature of the spine has even yet no finally *accepted* pathology. This failure to arrive at any fully accepted conclusion, is doubtless partly owing to the circumstance that whilst all authors agree in naming several distinct conditions as causes of lateral curvature, they still adhere, both in the matter of treating it and in the manner of treating of it, to methods that would be appropriate if these curvatures were the disease, instead of being what they really are, but manifestations of several distinct pathological conditions. John Shaw writes pages of elaborate argument to show that the structural changes in the bones of the spinal column are the points of most importance; and that this condition originates from the weight of the body coming to be in various ways, such as "awkward attitudes" and "lounging habits," abnormally thrown upon the oblique articulating processes, which hence gradually become so altered in form that the mal-position remains ultimately fixed and permanent. William Adams elaborately divides lateral curvature into classes, which, however, fail to properly distinguish the cases almost as badly as the "one-idea" notions of the disease, which he so justly condemns. His "essentially constitutional," his "constitutional and local in about equal degrees," and his "essentially local causes acting mechanically," etc., it seems to me do not properly distinguish either the causes of the curvature, or the cases as we see them.

Thus while quite discarding what he calls he muscular theory, he classes his cases arising from "induced or temporary muscular debility" with those arising from "strumous diathesis," "rickets," etc., and mixes them all together in his list of "predisposing causes;" as "proximate causes" he gives numerous specified conditions to be summed up with "the resulting curvature of the spine being produced by long-continued irregular distribution of weight."

Barwell* vigorously advocates the muscular theory, attributing primary dorsal curvatures for the most part to muscular causes, and primary lumbar curvatures for the most part to mechanical causes such as pelvic obliquity, unequal length of the legs, etc.; his argument seeking to find another cause in tight lacing and other methods of constricting the abdomen, is singularly weak and wanting in facts, whilst the arguments of Adams to the contrary are strong and cogent and well fortified with facts. Gross† says that lateral curvature "is essentially due to irregular muscular contraction," and that "the *causes* which give rise to this irregular action on the part of the muscles are deserving of attentive consideration." He then enumerates six causes: "1st. Affections of the muscles, as hypertrophy, atrophy, inflammation, and spasmodic contraction. 2d. Debility, either general or local. 3d. Obliquity of the pelvis from injury, disease, or malformation of the inferior extremities. 4th. Altered capacity of one side of the chest, causing increased action of the muscles of the opposite side. 5th. Rachitic softening of the bones. 6th. Defective development of the vertebræ."

Of these, the second can scarcely be considered admissible, as local debility as a cause is too vague, and cases of general debility are too common and too well known as constantly occurring without causing the slightest manifestation of lateral curvature or irregular muscular action. Moreover, the instances in which lateral curvature occurs in generally debilitated persons are scarcely more numerous than the instances of its occurrence in persons in all other respects actually vigorous. The causes enumerated, as 3d, 4th, 5th, and 6th, are not satisfactory explanations for irregular muscular action, but could be well grouped under one head as mechanical causes, producing, as Adams formulates it, "long-continued irregu-

* Curvatures of the Spine, by R. Barwell. Macmillan & Co., London, 1870 and 1877.

† System of Surgery, vol. ii., p. 101, 6th ed. H. C. Lea & Son, 1882.

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lar distribution of weight." His first enumerated cause fails to consider sufficiently the important question of the origin of the "affection of the muscles;" he mentions, however, in another paragraph "failure of nerve influence," but dismisses it with the four words here quoted.

Sayre agrees with Barwell in attributing lateral curvature to a muscular origin, but with him errs in ascribing it to the muscular activity of the *serratus magnus* of the convex side, attributing to that muscle an impossible power* of causing the rotation which commonly, but not quite universally, precedes the lateral distortion.

Hamilton,† in his usual terse and comprehensive style, says that "in a large proportion of cases the immediate cause is to be sought in a gradual loss of equilibrium between the antagonizing muscles which control the motions of the spinal column," but, I think, errs in the added assertion that "this condition is induced by habitual inclination of the body to one side or the other."

Agnew‡ attributes the immediate cause to muscular origin, but goes still further towards the root of the matter, carefully pointing out that "central atrophy of the spinal muscles is more common than is generally supposed. Here the seat of the trouble is in the spinal cord, and has the same pathological significance as infantile paralysis; the wasting is gradual, and often supervenes on an attack of some disease of childhood, as diphtheria, whooping-cough, or convulsions." This I believe to be a very near approach to the true pathology of a large proportion of cases of lateral curvature of the spine. These cases are, however, very seldom strictly paralytic. They do not fully manifest such a condition as is seen in the infantile, or so-called spinal paralysis of children. There is not such loss of contractile power in the affected muscles as is seen in true paralysis, but rather a condition of trophic change due to some failure in the supply of that portion of nerve current which maintains the development of the tissues and the vigor of muscular fibre, and which is evidently distinct from the so-called motor currents, which also generally fail to reach the affected muscles in cases of real paralysis. This condition is not, therefore, a true paralysis, but is analogous to a condition often seen in cases of club-foot where certain of the muscles are debilitated by failure of nerve influence, and in this condition are readily overcome by the stronger antagonizing muscles, which, as I have before pointed out,* often seem to be over-supplied with nerve stimulus, apparently receiving those portions of nerve current which fail to find their way to the affected muscles. This condition of unbalanced muscular action of the spinal and thoracic muscular systems ultimately results in producing those osseous structural changes which are so accurately depicted by Shaw and others, and which have been erroneously considered as the disease, instead of but an effect of it. The cases having this central origin manifest muscular structural changes as a primary result, and osseous structural changes as a secondary result, and should ever be considered as indicating a distinct and different pathological condition from that of cases of lateral curvature "produced by long-continued and irregular distribution of weight."†

Inasmuch, therefore, as lateral curvatures have thus two distinct origins, the simplest and most accurate classification would seem to be, first, cases having a central origin;‡ and, second, cases having a mechanical origin. Cases having a central origin are by far the most numerous; they are due to the withdrawal of

[To be continued.]

* As shown by Mr. Fisher, London Lancet, November 7, 1879.

† Hamilton's Surgery, p. 448.

‡ Agnew's Surgery, vol. ii., p. 861.

* THE MEDICAL BULLETIN, October, 1885.

† Admitting that a certain class of cases of lateral curvature have "the same pathological significance as infantile paralysis," a fact of which I have no shadow of doubt, we have an interesting analogy between the great preponderance of curvatures to the right, and a condition very often met with in infantile paralysis. In this disease the (weaker) extensor muscles are notoriously by far the most frequently affected, whilst the stronger and more used antagonizing flexor muscles are nearly always either very much less affected or entirely escape, and are afterwards frequently the recipients of increased nerve currents, so as to actually manifest extraordinary development and more or less extensive spastic contractions. So also in lateral curvature, the right side of the body being the stronger side, both from hereditary causes and habits of more frequent use, the nerve currents are much more frequently sent in that direction and to that side, and it is but reasonable to suppose that the nerve-paths thus become more perfectly developed and more easy of travel. Hence, when any nerve shock, or even any transient nerve disturbance occurs, the weaker (left) side suffers most, the stronger (right) side holds its sway, and the resulting curvature will be to the right, as is so generally seen.

‡ Dr. Jules Guérin is probably entitled to the credit of having first pointed out the connection between centric nerve lesions and lateral curvature. He strongly advocated the muscular theory, and seems to have met with an extraordinary succession of cases in which the muscles on the convex side were affected with spastic contractions.—Vide "Memoire sur l'Etiologie generale des Deviations laterales de l'Epine par retraction musculaire active. Par Dr. Jules Guérin. Paris, 1840." This is not, however, in accordance with my experience, as I have never met with very marked spastic contractions on the one hand, nor many true palsies on the other.

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# INDEX.


A

Abdomen, pistol wound of, 287
Abdominal surgery, 135, 172, 226
Abortive treatment of pneumonia, 157
Abrus precatorius, 50
Abscesses, acute, 155
  cold, 125, 156
Acne, 378.
Aconitum ferox, 259
Acromion process, fracture of, 302
Acute pleurisy, 346, 375
Advances in cerebral surgery, 89
Albumen, picric acid test of, 77
Alcoholic paraplegia, 299
Alimentation in disease, 54, 123
Allegheny County Medical Society and the American Medical Association, 284, 289
Allen, J. G., cases of interest, 96, 130, 162, 195, 228, 263, 325, 388
Alum, glycerite of, 294
  soap, 277
Amber soap, 279
Amenorrhœa, 19
  santonine in, 386
American Academy of Medicine, 387
  Climatological Association, 226
  Dermatological Association, 330
  Editorial Association, 216
  Gynæcological Society, 354
  Medical Association, 193
  Neurological Society, 257
  Ophthalmological Society, 293
  Public Health Association, 91
  Rhinological Association, 294
  Surgical Association, 192
Amyl nitrite in opium poisoning, 48
Anæmia, 280
  arsenic in, 218
  spinal, 315
Anæsthetic, local, 294
Anatomical pelvic pessary, 330
Angina pectoris, 45
Anglo-Swiss Milk, 132
Annals of Surgery, 192
Anodynes, pelvic, 187
Anteflexion, 333
Anthrax, dry cupping in, 117
Antidote bag, 93
Anti-emetic, 283
Antiperiodic, a new, 53
Anti-pyretics, 49
  rheumatic, 283
Antiseptic, 53
  for cracks in mammary gland, 294
  mouth wash, 116
  portable, 25
Anti-vivisection, the farce of, 158
Apomorphia, 51
Apomorphine in asthma, 126
Arnica soap, 278
Arsenic in anæmia, etc., 218
  lupus, 344
Arthritis, suppurative, 11
Ascarides, 115, 283
Ascites, early tapping in, 355
Ashhurst, John, syphilitic osteitis, 165
Association news, 319
Asthma, 124, 282, 343, 345, 376
  apomorphine in, 126
Atkinson, G. H., death of, 25
Atlee, John L., Jr., death of, 257
  John L., Sr., death of, 330
Atrophia in electric shock, 125
Atrophic carditis, arsenic in, 218
Autoplastic surgery, 372
Avena sativa in opium addiction, 308

B

Back, strain of, 365
Bacterial poisons, 177
Balsam soap, 279
Baltimore notes, 30, 64, 98, 132, 164, 197, 230
  Academy of Medicine, 230
Bartholow, R., jaundice, etc., 99
Bartram, T. S., death of, 90
Basham's mixture, 219
Beef tea, 47
Bell, T. S., death of, 25
Bemis, S. M., death of, 25
Bismuth oleate, 52
  subnitrate, 285
Blackwood, W. R. D., extra-uterine pregnancy, 149
  health resorts in New Jersey, 303, 373
Bladder, capacity of a female, 127
Blood-letting, general, 85
Book Reviews—
  A Manual of Dermatology. By A. R. Robinson, 332
  A Manual of Human Physiology. By L. Landois, 361
  A Manual of Practical Hygiene. By E. Parker and F. S. B. F. De Chaumont, 360
  A Treatise on Epidemic Cholera and Allied Diseases. By A. B. Palmer, 360
  An Aid to Materia Medica. By R. H. Dawbarn, 30
  Aneurism of Aorta, etc. By O. Browne, 260
  An Inquiry into the Geographical Distribution and Cause of Increase of Cancer in England and Wales. By F. T. B. Jessett, 260
  Applied Medical Chemistry. By L. Wolff, 359
  Basic Pathology and Specific Treatment of Diphtheria, etc. By G. J. Ziegler, 62


Digitized by Google

Berlin as a Medical Centre. By H. R. Bigelow, 358
Chronic Nasal Catarrh. By G. M. Lefferts, 93
Clinical and Surgical Figures. By Lebon & Co., 30
Clinical Studies on Diseases of the Eye. By F. R. Von Arlt, 359
Cocaine, and its Use in Ophthalmic and General Surgery. By H. Knapp, 128
Comparative Physiology and Psychology. By S. V. Clevenger, 95
Compend of Obstetrics. By H. G. Landis, 94
Compend of Surgery. By O. Horwitz, 93
Controlling Sex in Generation, etc. By S. H. Terry, 260
Curability and Treatment of Pulmonary Phthisis. By S. Jaccoud and M. Lubbock, 332
Diseases of the Eye. By H. R. Swanzy, 28
Diseases of Urinary and Male Sexual Organs. By T. Belfield, 95
Dr. Seguin's Metric Prescription Book, 260
Elements of Pharmacy, etc. By W. Whitla, 27
Elements of Practical Medicine. By A. H. Carter, 63
Epistaxis. By D. N. Rankin, 95
Erythroxylon Coca. W. R. Warner & Co., 358
Guide to Diseases of Children. By Goodhart and Starr, 259, 297
Hand-Book of Diseases of the Skin. By H. Von Ziemssen, 360
Handbook of Pathological Anatomy, etc. By F. Delafield and T. M. Prudden, 94
Hay Fever and its Successful Treatment. C. E. Sajous, 361
Holden's Anatomy, 62
Human Osteology. By L. Holden, 128
Insomnia and Other Disorders of Sleep. By H. W. Lyman, 261
Kaaterskill Region, etc., 260
Kirke's Hand-Book of Pathology. By Baker and Harris, 259
Kirke's Hand-Book of Physiology. By W. M. Baker and V. D. Harris, 359
Lessons in Domestic Science. By F. M. Gallaher, 260
List of Tests. By Hans M. Wilder, 359
London Medical Student and Other Comicalities. By H. Erichsen, 296
Manual of Bandaging. By C. H. Leonard, 61
Manual of Diseases of the Throat and Nose, etc. By M. Mackenzie, 61
Medical Botany of North America. By L. Johnson, 95
Medical Directory of Philadelphia, Pennsylvania, Delaware, and Southern New Jersey, 261
Medical Graduate and his Needs. By G. C. Wellner, 61
Medical Profession and Alcohol. By B. W. Richardson, 95
Medical Rhymes, 62
Medicine Stamp Tax. By C. E. Meetkerke, 28
Modern Medical Therapeutics, Napheys, 62
Moisture and Dryness; or the Analysis of Atmospheric Humidities of the United States. By Chas. Denison, 360
Myths in Medicine, and Old-Time Doctors. By A. C. Garratt, 60
New Local Anæsthetic: Hydro-Chlorate of Cocaine, etc. By L. Turnbull, 261
Obligation of Civilized Society to Idiotic, and Feeble-Minded Children. By H. M. Greene, 95
Our Bodies: or, How We Live. By A. F. Blaisdell, 261
Practical Anatomy. By C. Heath, 128
Practical Medicine. By A. L. Loomis, 26
Perils of American Women, etc. By G. L. Austin, 296
Philadelphia Medical Register and Directory. By W. B. Atkinson, 63
Physicians' Daily Pocket Record, 61
Poisons; their Effects and Detection. By A. W. Blyth, 358
Principles and Practice of Medicine. By N. S. Davis, 29
Proceedings of Philadelphia County Medical Society, 29
Provision for Feeble-Minded Children. By I. N. Kerlin, 95
Pyuria. By R. Ultzmann, 30
Rabies in Hydrophobia. By T. M. Dolan, 30
Renal and Urinary Affections. By W. H. Dickinson, 358
Second Report Tennessee State Board of Health, 360
Seventh Annual Report of State Board of Health of Rhode Island, 358
Sixth Annual Report of State Board of Health of Rhode Island, 29
Students' Guide to Clinical Medicine and Case-Taking. By F. Warner, 94
The Analectic: A Monthly Periscopic Summary, etc., 261
The International Encyclopædia of Surgery. By J. Ashhurst. Vol. V., 361
The Oleates; An Investigation of their Nature and Action. By J. V. Shoemaker, 358
The Physician Himself, etc. By D. W. Cathell, 296
Therapeutics of Respiratory Passages. By Prosser James, 95
The Technology of Bacteria Investigation. By C. S. Dolley, 359
The Wasting Diseases of Infants and Children. By Eustace Smith, 358
Text-Book of Hygiene. By G. H. Rohe, 94
Text-Book of Pathological Anatomy and Pathogenesis. By E. Ziegler, 61
Tracts on Massage. By Benjamin Lee, 297, 358
Transactions of College of Physicians of Philadelphia, 1884, 260
Transactions of Louisiana State Medical Society, 1885, 359
Transactions of Medical Association of Georgia, 62
Transactions of Minnesota State Medical Society, 28
Transactions of State Medical Society of New Jersey, 28

Digitized by Google

Transactions of State Medical Society of West Virginia, 1885, 360
Treatise on Abdominal Palpation, etc. By A. Pinard, 297
Urinary and Renal Derangements and Calculous Disorders. By L. S. Beale, 359
Visions of Fancy. By N. M. Baskett, 60
What to do in Cases of Poisoning. By W. Murrell, 61
Whooping-cough. By T. M. Dolan, 27
Boracic acid oil for burns, 84
Boro-glyceride soap, 278
Bowling, W. K., death of, 293
Bradshaw, J. H., elegance in pharmacy, 16, 41
Braithwaite, Wm., death of, 124
Brassicon, 20
Breast, scirrhous carcinoma of, 258
British Medical Association, 294
Bromides, 44
Bronchitis, 21, 46, 282
acute, 314
capillary, 314
chronic, 85, 343, 376
rheumatic, 315
Brown, A. P., picric acid test for albumen, 77
Brubaker, A. P., sketch of, 161
Brucine as a local anæsthetic, 294
Bruen, Edward T., pigeon-breast deformity, 33
Bryonia alba, 346
Burns, boracic acid for, 84
Byrd, H. L., death of, 25

C

Cæsarean section, 70, 112, 125
Caffeine, 127
citrate of, 86
Cahall, W. C., faith-cure, 338
Calcium sulphide in suppurative diseases, 219
Camden County Medical Society, 78, 91
Camphor soap, 278
Cancer of genitals, 21
tongue, 106, 142
Capillary bronchitis, 314
Carbolic acid in cholera, 257
poisoning, 257
soap, 278
Carbuncles, 387
Cardiac weakness, 376
Carrell, John B., letter by, 353
Catarrhal fever, 218
phthisis, 377
Cerebral hyperæmia, 281
surgery, advances in, 89
Cerebro-spinal fever, 156
Cerium oxalate in vomiting, 355
Cervical catarrh, 25
Chamomile soap, 278
and sulphur soap, 278
Chancre, soft, 187
Chaulmoogra oil, 53
Cheese poison, 295
Chilblains, 376
Children, incontinence of urine in, 19, 47
cough mixtures, 345
Chloral hydrate, 250
diphtheria and croup, 20
in chorea, 19
oleate of, 124
pertussus, 86
Chloroform externally in labor, 86
for tapeworm, 125
Chlorosis, 115, 282, 343
Cholalogue, digestive, 19
Cholera, 47, 184, 189
Asiatic in New Jersey, 78
carbolic acid in, 257
infantum, 219, 248
morbus, 216, 248
pathology, etc., of, 175
prophylaxis, etc., of, 182
treatment of, 98
Chorea, 378
chloral in, 19
Chronic pleurisy, 376
Chrysophanic acid as a parasiticide, 48
Cimicifuga in pregnancy, etc., 187
Circumcision, 207
Clendenin, Wm., death of, 226
Coca, 51
and cocaine in sleeplessness, 84
Cocaine, 57
in hay fever, 268
oleate of, 202
removal of cysts, 257
vomiting of pregnancy, 354
Coitus, instrument for preventing, 331
Colic, flatulent, 249
hepatic, 378
Cold to arrest hiccough, 330
College gossip, 23, 59, 121, 225, 255
College of Physicians of Philadelphia, 60
Comma bacillus, 90
Communicability of phthisis, 191
Congestion of medulla oblongata, 87
Connecticut State Medical Society, 293
Connell, J. G., letter from, 289
Constipation, 85, 377
Consumption, mullein in, 117
Contusions, 155
lotion for, 47
Convallaria, majalis, 52, 156
Convulsions, infantile, 157, 245
Copper oleate, 51
Corrosive sublimate, 53
in epithelioma, 356
joint diseases, 47
Coryza, acute, 46
Cough mixtures, 19, 316, 345
Cramp, writers', 306
Croup, chloral in, 20
membranous, 343
Cupping in hernia, 387.
Cutaneous eruptions, dressing for, 293
Cystitis, benzoic acid in, 90
chronic, 331
in the female, 1

D

Daniel, F. E., medical legislation in Texas, 212, 238
Darling, William, death of, 25
Davis, John S., death of, 257
Delirium tremens, nux vomica, 317
Diabetes, jambol in, 316
Diagnosis of diseases of the nervous system, 133, 169, 236, 265
Diarrhœa, 217
chronic, 282
neurotic, 316
sulphate of iron in, 186
summer, 248
Digestive cholagogue, 19

Digitized by Google

Digitalis in hysteria, 216
Dilatation in cystitis of female, 1
of heart, 343
rapid, for sterility, 333
Diphtheria, 157, 346, 375
calomel in, 48
chloral in, 20
quinoline in, 118
turpentine in, 86
Disinfectant, 354
Disinfectants, 367
Diuretic mixture, 344
Diuretics, 21
Dysmenorrhœa, 333
Dolan, T. M., midwifery experiences, 70, 112
Dover's powder, 387
Dropsy, cardiac and renal, 49, 378
Duff, James H., death of, 60
Dugas, L. A., death of, 25
Dysentery, 218, 282
Dyspepsia, atonic, 248
flatulent, 377
nervous, 378

E

Early tapping in ascites, 355
Earth, topical use of, 199
Eau de luce, 279
Eclampsia, puerperal, 47
Eczema, 25, 124
acute papular, 46
infantile, 344
of eyelids, 116
scrotal, 46
Editors, Association of American Medical, 161
Editorials—
Action of the Committee of Arrangements for the Ninth International Congress, 220
Advances in Cerebral Surgery, 89
Alimentation in Disease, 54
American Medical Association, 56
American Medical Editors, 56
Bismuth Subnitrate, 285
Chloral Hydrate, 250
Cholera, 189
Congestion of the Medulla Oblongata, etc., 87
Dr. A. Jacobi's Shriek, 347
Dr. Kinloch and the Committee of Arrangements of the American Medical Association, 348
Explanatory—International Medical Congress, 188
Facial Erysipelas, 284
Friedrichshall Water, 379
Injurious Advertisement, 22
International Medical Congress, 87, 220, 380, 386
Intra-Capsular Fracture of Femur, 119
Lichen Ruber by Unna, 54
Meddlesome Midwifery, 223
Medical Society of Pennsylvania, 56
Mental Overwork and Disease, 120
Mercuric Bichloride, 190
Mutual Aid Association, 23
National Board of Health, 22
New York State Medical Association, 22
Ninth International Medical Congress, 55
Rest as a Therapeutic Agent, 251
Sunstroke, or Thermic Fever, 224
The Allegheny County Medical Society and the American Medical Association, 284
The Communicability of Phthisis, 191
The Farce of Anti-Vivisection, 158
The Nux Vomica Treatment in Delirium Tremens, 317
The Rest-Cure Again, 351
The Surgeon-Generalship of the United States Marine Hospital Service, 350
Transactions of the New York State Medical Association, 350
Philadelphia County Medical Society, 57
Pneumatic Differentiation, 380
What a General Practitioner can do, 317
Elder-flower soap, 279
Electric shock, 123
atropia in, 125
Electricity in singultus, 49
Elegance in pharmacy, 16, 41
Elsberg, Louis, death of, 125
Elytritis, 116
Emaciation of phthisis, 256
Emetics, 21, 286
Emphysema, 376
Empyema, pulsating, 257
Enteritis, membranous, 217
Entero-colitis, 249
Epilepsy, notes on, 43
Epistaxis, hamamelis in, 125
Epithelioma uteri, 356
Ergot for hiccough, 330
oil of, 52
soap, 279
unusual effects of, 20
Eruptions, syphilitic, 218
Erysipelas, 21
facial, 284
migrating, 85
tincture ferri chlor. for, 90
Erythema, 282
nodosum, 156, 249
Eskridge, J. T., diagnosis of diseases of the nervous system, 102, 133, 169, 236, 265
Ethics, new code, 296
Etiology of still-births, 258
Eucalyptol soap, 278
Eucalyptus, oil of, 53
Eustachian tube, inflammation of, 157
Eve, R. C., death of, 124
Exopthalmic goitre, 217
Extra-uterine pregnancy, 149
Eye, foreign body in interior of, 73

F

Facial neuralgia, 90, 219, 284
Faith-cure, 338
Falling out of hair, 187
Farr, H. G., vaginal distender, 26
Female, cystitis in, 1
Femur, intra-capsular fracture of, 119
Fevers, 18
Fibroma, uterine, 333
Fibrous tumors, diet treatment of, 46
Findley, W. M., autoplastic surgery, 372
Flatulence, 46
Flatulent colic, 249
dyspepsia, 377
Fracture of femur, intra-capsular, 119
Freezing for sciatica, 47

Digitized by Google

G
Gaillard, E. L., death of, 90
journal, 192
Galactagogue, 257
Garrett, A. Y. P., new code ethics, 296
Gastralgia, 218, 376
Gastrodynia, 118
Gastro-intestinal indigestion in infants, 217
Gaultheria in rheumatism, 20
Gelsemium for facial neuralgia, 90
poisoning, 127
Genitals, cancer of, 21
Gihon, A. L., lecture and reception, 192
Glycerine soap, 279
as a tæniacide, 249
Glycerite of alum, 294
Goitre, 99, 122, 217
Gonorrhœa, 116
in female, 86
urethral ointment for, 247
Goodell, William, clinical lecture, cystitis in female, 1
menorrhagia, etc., 231
removal of uterine fibroma, etc., 333
Gouty œdema, 355
Grant, J. A. S., prophylaxis, etc., of cholera, 182
Granulations, stimulants for, 45
Gubb, Alfred S., bacterial poisons, 177
cases in Westminster Hospital, 8, 39
Hospital Francais, 267
olfactory functions in diagnosis, 305

H
Habitual constipation, 377
Hæmaturia, 344
Hæmophilia, 375
Hæmostatic, 20
Hair, to prevent falling of, 187
Hamamelis in epistaxis, 125
Hamilton, John B., pistol-shot wound of abdomen, 287
Hanly, M. A., death of, 255
Harkin, Alex., pathology and treatment of cholera, 175
Harlan, Herbert, internal squint of one degree, requiring section, etc., 181
Hartshorne, Edward, death of, 293
Hay fever, cocaine in, 268
Headache, 20, 116
sick, 281
Health resorts in New Jersey, 303, 373
Hæmoptysis, 249
Heart, dilatation of, 343
hypertrophy, 281
intermittent, 156
irritable from masturbation, 248
Heat fever, 217
uses of earth, 199
Heffner, C. W., fracture of acromium, etc., 302
Hemicrania, vegetable diet for, 90
Hemorrhage, intestinal, 118
pulmonary, 84
Hemorrhagic malarial fever, 346
Hemorrhoids, 125, 376
Hepatic colic, 378
Hernia in an infant, 14
cupping in, 387
Herniotomy in an infant, 14
Hewson, A., more recent experiences with topical
Hiccough, 331, 355
Hints in microscopico-histological technology, 336
Holland, J. W., election of, 192
Hudson County Medical Society, New York, 60
Hummel, A. L., electric shock, 123
Hydrastis, etc., in skin diseases, 154
Hydrobromic acid in sea-sickness, 45
Hydroleine, 132
Hyperæmia, cerebral, 281
Hypertrophy of heart, 281
Hypnotic, paraldehyde as a, 117
Hysteria, 125, 377
digitalis in, 216

I
Ice to spine in reflex vomiting, 186
Ichthyol in eczema, 25
Illinois State Medical Society, 294
Impairment of motive power, etc., by cerebral injury, 99
Incipient myelitis, 281
Incontinence of urine, 19, 47, 187
Index Medicus, 161
Indian hemp as a hæmostatic, 25
Induction of premature labor, 356
Infant feeding, 20
hernia in an, 14
Infants, gastro-intestinal indigestion in, 217
Infantile convulsions, 157, 248
eczema, 344
Inflammation, 18
of Eustachian tube, 157
Injurious advertisement, 22
Interesting cases, by J. G. Allen, M.D., 96, 130, 162, 195, 228, 263, 325, 388
Intermittent heart, 156
International Medical Congress, 55, 60, 188, 220, 223, 319, 351, 357, 380
of 1884, 87
Intestinal hemorrhage, 118
obstruction, 258
torpor, 248
Intra-capsular fracture of femur, 119
Iodide of sulphur soap, 280
Iodine injections in phthisis, 114
soap, 280
Iodoform preparations, 280
Iritis, rheumatic, 343
Iron subsulphate in diarrhœa, 186
Irregular menstruation, 231
Irritable heart from masturbation, 248

J
Jambol in diabetes, 316
Jaundice, 99
catarrhal, 283
malarial, 315
Jensen's Pepsin, 64
Jessett, F. B., cancer of tongue, 106, 142

K
Kentucky State Medical Society, 293
Kidder's electro-medical apparatus, 132
Kino soap, 280
Kissing, medically, 331

L
Labor, chloroform externally in, 86
premature, 356
Landesberg, M., foreign body in eye, 73
Laryngitis, 376
syphilitic, 281
Lead colic, 376

Digitized by Google

Lead oleate, 52
poisoning, 125, 282, 299
soap, 280
Lee, Benjamin, tracts by, 161
Leucorrhœa, 344
Legislation, medical, in Texas, 212, 238
Lichen ruber, 70, 109, 145, 178, 205, 242, 270
Listerine, 64
Listerism, 59
Little, James W., death of, 161
Lupus erythematosus, arsenic in, 344
Lymphadenoma, 45

M

Macneil, D., death of, 255
Malaria, chronic, 21, 378
strychnia in, 354
Malarial fever, 281
hemorrhagic, 346
jaundice, 315
paralysis, 295
Mania-a-potu, 48
Mann, Edward C., hints in microscopic-histology, 336
relation of uterine and ovarian disease to nervous and mental disorders, 5
Mastitis, bandaging for, 90
Masturbation, irritable heart from, 248
Materia Medica at Medico-Chirurgical College, 126
Mattison, J. B., avena sativa in opium addiction, 308
McAdams, P., chronic cystitis, 331
McCahey, P., injury to a physician by breaking hypodermic syringe, 341
McKew, D. I., death of, 98
Measles, 344, 375
Mechanical appliances, 96
Meddlesome midwifery, 223
Mediæval instrument to prevent coitus, 331
Medical Chronicle, 293
College of Ohio, 294
Jurisprudence Society, 90
legislation in Texas, 212, 238
news and miscellany, 24, 60, 90, 124, 161, 226, 257, 292, 330, 353, 386
Society of Pennsylvania, 93
view of kissing, 331
Medicated soaps, 275
Medulla oblongata, congestion of, 87
Meetkerke, C. E., poisonous plants, 208
Melancholia, 377
acute, 49
Mellin's food, 132
Membranous croup, 343
enteritis, 217
Menopause at sixty, 257
Menorrhagia, 46, 231, 249
Mental disorders and uterine disease, 5
overwork and disease, 120
Mercurial pomade, 345
Mercuric bichloride, 190
oleate, 51
Mercurous oleate, 51
Mercury in typhoid, 157
Miami Medical College, 294
Michigan State Medical Society, 293
Microscopic technology, 336
Midwifery experiences, 70, 112
meddlesome, 223
Migraine, 282
Mills, C. K., epilepsy, 43
lead paralysis, etc., 299
Mississippi Valley Medical Society, 293, 354
Missouri Medical College, 294
Misturæ cretæ comp., 283
Monobromide of camphor, 52
Montgomery, E. E., abdominal surgery, 135, 172
Morrison, W. H., clinical reports by, 1
Mucous patches, dressing for, 293
Mullein for winter coughs, 25
Mullein in consumption, 117
Multiple puncture in cardiac and renal dropsy, 49
Muriate of ammonium in facial neuralgia, 219
Muriate of cocaine, 51
Mustard sponges, 283
Mutual Aid Association, 23
Myalgia, 377
Myelitis, incipient, 281

N

Nævus, 124
Nancrede, C. B., suppurative arthritis, 11
Naphthol soap, 278
Naphthol sulphur soap, 279
National Board of Health, 22
Nervous disorders and uterine disease, 5
dyspepsia, 378
system, diagnosis of diseases of, 102, 133, 169, 236, 265
Neuralgia, 48, 282, 354, 376
facial, 90, 219
Neurotic diarrhœa, 316
New Jersey, health resorts in, 303, 373
New Jersey State Medical Society, 226
New modes of treatment, 50
New York State Medical Association, 22
Nitrite of amyl, 124
Nitrite of sodium, 52
Nitro-glycerine, 52
Nitro-glycerine in hiccough, 355
Nostrums, 357
Nux vomica in delirium tremens, 317

O

Œdema, gouty, 355
Œsophageal stricture, 65
Ohio State Medical Society, 293
Oil of ergot, 52
Oil of eucalyptus, 53
Oleates, the, 51
Olfactory functions in diagnosis, 305
Ophthalmic purposes, abrus precatorius for, 50
Opium addiction, avena sativa in, 308
Opium poisoning and nitrite of amyl, 48
Orange, as a galactagogue, 257
Osmic acid in sciatica, 115
Osteitis, syphilitic, 165
Ovarian diseases and mental disorders, 5

P

Pancoast, W. H., valedictory address, after 164
Paracentesis of pericardium, 295
Paraldehyde as a hypnotic, 117
Paralysis agitans, 249
Paralysis, lead, 299
limited, 267
malarial, 295
Paraplegia, alcoholic, 299
Parasiticide, 48
Paris letter, 252
Panum, Professor, death of, 191
Patella, wiring the, 58

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Patent urachus at fifth month, 371
Pediculi pubis, 249
Pelvic anodynes, 187
Pelvic peritonitis, 49
Pennsylvania and Maryland Medical Society, 354
Pennsylvania State Board of Health, 257
Pennsylvania State Medical Society, 226
Pepper, Wm., organic stricture of the œsophagus, 65
Pericarditis, 345
Pericardium, paracentesis of, 295
Periostitis, rheumatic, 344
Peritonitis, pelvic, 49
puerperal, 377
Permanent surgical dressing, 116
Pertussis, 118
Pharmacy, elegance in, 16, 41
Phenol camphor, 116
Philadelphia Clinical Society, 91
County Medical Society, 60
Obstetrical Society, 125
Phlegmasia dolens, 155
Phthisis, 376
catarrhal, 377
communicability of, 191
emaciation of, 256
iodine injections in, 114
Physician to the public, supplement, after 164
Physicians' magazine, 354
Picric acid test for albumen, 77
Pigeon-breast deformity, 33
Pistol-shot wound of abdomen, 287
Pitting in smallpox, 355
Pleurisy, acute, 115, 346, 375
chronic, 376
Pneumatic differentiation, 380
Pneumonia, 342
abortive treatment of, 157
Poisonous plants, 208
Pomade, mercurial, 345
Pontoppidan, Erik, when does syphilis become constitutional? 138
Posterior spinal sclerosis, 316
Post-typhoid elevation of temperature, 50
Potash soap, 276, 277
Pregnancy, cimicifuga in, 187
extra-uterine, 149
vomiting of, 84, 330, 354, 378
Premature labor, induction of, 356
Pruritus, 124, 282
ani, 343
vulvæ, 116
Psoriasis, 46, 67, 247, 376
Puerperal eclampsia, 47
fever and cold baths, 48
peritonitis, 377
Puff-balls in uterine hemorrhage, 25
Pulmonary hemorrhage, 84
Pulsating empyema, 257
Purpura, 280
Pyrosis, 283, 316

Q

Quack nostrums, 357
Quadruple pregnancy, 354
Quimby, I. N., letter on International Congress, 351
Quiniæ draught, 283
Quinine in pertussis, 86
in uterine inertia, 247
Quinoline in diphtheria, 118

R

Radial, aneurism of, 301
Reflex cough, 258
vomiting, 186
Relation of uterine disease to nervous disorders, 5
Renal dropsy, 378
Rest as a therapeutic, 251
cure again, 351
Rheumatic bronchitis, 315
iritis, 343
periostitis, 344
Rheumatism, 19, 378
acute, 283
acute articular, 125
chronic, 283
gaultheria in, 20
subacute, 315
Ringworm of the scalp, 25
Robbins, R. P., treatment of writers' cramp, 306
Rogers, Wm. E., death of, 256
Rotheln, 46

S

Sacrum, syphilis of, 365
Salicylic acid soap, 279
Salix nigra, 354
Santonine, how to give, 48
in amenorrhœa, 386
Savage, G. C., foreign, 57
Scarlet fever, 282, 343, 375
Sciatica, 375
freezing for, 47
osmic acid in, 115
Scirrhous carcinoma of breast, 258
Sea-sickness, 45
Sebaceous cysts, cocaine in removal of, 257
Seborrhœa, oleosa, 46
Shoemaker, D. K., yellow fever, 23
J. V., hydrastis, etc., in skin diseases, 154
psoriasis, 67
soaps, medicated, in skin diseases, 275
Shoyer, C. C., death of, 26
Silliman, B. F., death of, 91
Singultus, electricity in, 49
Skin diseases, hydrastis in, 154
soaps in, 275
Sleeplessness, coca in, 84
Smallpox, 282, 356
pitting in, 355
Smith, James Owens, death of, 90
Soda soap, 276, 277
Soaps in skin diseases, 275
Sorbefacient mixture, 345
Spermatorrhœa, 377
pills, 247
Spinal anæmia, 315
sclerosis, 316
Sponge, mustard, 283
Sprains, 114
new method for, 45
Squint, internal, 181
State medicine in Texas, 212, 238
Steinbach, L. W., double inguinal hernia in an infant, 14
Sterility, 333
Stevenson, John, cholera in New Jersey, 78
Stewart, F. E., marriage of, 192
Still-birth, a cause of, 93
etiology of, 258
Stimulants for granulations, 45
Stricture, 45

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Stricture of the œsophagus, 65
Strychnia in uterine inertia, 157
malaria, 354
Subacute rheumatism, 315
Sublimate soap, 279
Sulphur soap, 280
Sulphurous acid as a disinfectant, 354
Sunstroke, 224
Suppurative arthritis, 11
diseases, calcium sulphide in, 219
Sweating, profuse, 126
Sycosis, 46, 247
Syphilides, dressing for, 293
Syphilis, 248
of sacrum, 365
when it becomes constitutional, 138
Syphilitic eruptions, 218
douleureux, 281
laryngitis, 281
osteitis, 165

T

Tæniacide, glycerine as a, 249
Tannin balsam soap, 280
soap, 280
Tapeworm, chloroform for, 125
Tapping, early, in ascites, 355
Tar soap, 279
Taylor, Mrs. James R., death of, 26
Technology, microscopic, 336
Temperature, post-typhoid elevation of, 50
Texas Journal, new, 226
letter, 254, 290, 323
medical legislation in, 212, 238
Therapeutic notes, 18, 45, 84, 114, 155, 184, 216, 247, 280, 314, 342, 375
Thermic fever, 224
Thomas, J. G., death of, 25
Thorndike, W. H., death of, 25
Thymol soap, 280
Tic douleureux, syphilitic, 281
Tongue, cancer of, 106, 142
Tonic mixture, 344
and laxative pill, 46
Tonsillitis, 344
Torpor, intestinal, 248
of the liver, 378
Traumatic aneurism of radial, 301
Turnbull, L., oleate of cocaine, 202
Turpentine in diphtheria, 86
soap, 280
Tympanum, inflammation of, 157
Tyrotoxicon, 295
Typhoid fever, 378
mercury in, 157

U

Ulcers of leg, dispensary dressing for, 47
varicose, 387
Unna, P. G., lichen ruber, 35, 70, 109, 145, 178, 205, 242, 270
Urachus open at fifth month, 371
Urethral bougies, 64
ointment, 247
Urethritis, 218
Uric acid diathesis, 30
Urine, dribbling of, 85
incontinence of, 19, 47, 187
Urticaria, 249
Uterine disease and mental disorders, 5
fibroma, 333
hemorrhage, 25, 98
inertia, 157
quinine in, 247

V

Vaginal distendor and irrigator, 26
Valerian as a sedative, 127
Varicella, 376
Varicose ulcers, 387
Veterinary hospital, 331
Virginia State Medical Society, 355
Vomiting, oxalate of cerium in, 355
of pregnancy, 84, 330, 354, 378
reflex, 186

W

Wallace, Professor Ellerslie, death of, 127
Waller, C. B., patent urachus at five months, 371
traumatic aneurism of radial, 301
Warburg's tincture, 344
Washing out stomach for obstruction, 258
Watson, John, cocaine in hay fever, 268
Welch, W. M., disinfectants, 367
Westminster Hospital, cases in, 8, 39
West Virginia State Medical Society, 257
What a general practitioner can do, 317
Whitney, M. G., alimentation in disease, 123
Whooping-cough, 86, 282, 316, 343, 376
Wilson, Joshua, death of, 164
Wimpelberg, S., circumcision, 207
Winter coughs, 25
green soap, 280
Witch hazel, 52
as a hæmostatic, 20
soap, 280
Women, uterine disorders and mental disease in, 5
Women's Medical College, 126
Wood, H. C., clinical lecture. Strain of back; syphilis of sacrum, 365
Writers' cramp, 306

Y

Yellow fever and black vomit, 23

Z

Zinc oleate, 51

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